



The Corporation

OF

The City of Capetown



ANNUAL REPORT

OF THE

Medical Officer of Health,

For the year ended 30th June, 1936.



Report of the Medical Officer of Health

FOR THE YEAR ENDED 30TH JUNE, 1936.

TO HIS WORSHIP THE MAYOR AND

COUNCILLORS OF THE CITY OF CAPETOWN.

GENTLEMEN,

I have the honour to present the annual report on the health and sanitary conditions of the City of Capetown for the year 1935-36, together with an account of the work of the City Health Department during the year.

Vital Statistics.

The estimate of the population has been based on the provisional returns of the census of 4-5th May, 1936. The estimate of the previous year, which was based on earlier censuses, proved to be nearly correct for Europeans, and overstated by 4-35 per cent. for non-Europeans.

The birth rate showed an increase. As compared with the previous year, when the birth rate for both races was the lowest ever recorded for the City, the increase was 9.7 per cent. for Europeans and 2.8 per cent. for non-Europeans.

The non-European birth rate was 2.7 times as great as the European, and the natural increase (i.e. the excess of births over deaths) was three times as great in non-Europeans as in Europeans.

There was a decrease in the death rate as compared with the previous year, when the rate was higher than usual, amounting to $2 \cdot 25$ per cent. for Europeans and $1 \cdot 5$ for non-Europeans. In the infant mortality there was a decrease of 11 per cent. for Europeans and $0 \cdot 3$ per cent. for non-Europeans.

The non-European general death rate and infant mortality rate were 2·2 and 3·2 times as great as the corresponding European rates. The differences indicate the great amount of preventible mortality that takes place amongst non-Europeans. This is also shown by the fact that 58 per cent. of non-European deaths were of persons under 25 years of age, compared with 19 per cent. of European deaths.

Infectious Diseases.

The year 1935-36 was marked by a serious epidemic of whooping cough. This was already established in the last month of the previous year and came to an end in May, 1936, the duration of the epidemic being about twelve months. During the year under report 188 deaths from this cause were reported, mostly in non-European children under five years of age. The non-European death rate from whooping cough per 1,000 children living was 8 times as great as the European in children under one year of age, and 10 times in children between one and two years. The heaviest mortality was in the children of the population living on the Cape Flats.

Measles, which was epidemic in the previous year, was in a stage of quiescence, only three deaths from it being recorded.

Scarlet fever was very prevalent during the year under report. The prevalence began in the previous year in April, 1935, and continued until towards the end of 1936. The disease was of an extremely mild type, only 4 deaths being recorded during the year under report. Diphtheria was less prevalent than in the previous year.

The reduction in enteric fever that has taken place in recent years was well maintained. So also was the diminution in epidemic diarrhœa. The rate of diarrhœal mortality amongst European children under one year of age was the lowest ever recorded, being only one-third of that obtaining twelve years ago. In non-European babies the diarrhœal mortality, which is much heavier, shows a smaller, but nevertheless substantial, decline.

Tuberculosis.

There is no reduction in the mortality from tuberculosis, which presents one of the most important of our public health problems. The death rate from tuberculosis in the white population of Capetown is about twice as great as that of the Union as a whole, and now exceeds that of England and Wales. Until ten years ago the white tuberculosis death rate of Capetown was exceeded in a number of towns in Europe, which now, as the result of an improvement that has not been shared by Capetown, have lower death rates than Capetown. But this unsatisfactory condition as regards the white population is not the main tuberculosis problem in Capetown, for the tuberculosis mortality amongst our non-Europeans is more than five times as great as the European.

The factors accounting for this prevalence of the disease are to be found in the low social and economic conditions of the bulk of the coloured people and the poorest sections of the whites. Prominent amongst these are undernourishment and bad housing conditions, including overcrowding. Social reform is the most powerful remedy. Hospital and sanatorium facilities are also necessary, and adequate clinic and administrative arrangements for operating them. At present the City Council, with the assistance of the central authorities, is spending some £28,000 a year on the provision of such services, and this amount will be increased when the additional accommodation at the City Hospital, now in course of construction, and the new pavilions at Nelspoort sanatorium are completed. Even with these increases the provision will not be sufficient, and still further extensions are necessary.

Departmental Institutions.

The extension of the City Hospital for Infectious Diseases, both for infectious diseases generally and tuberculosis, has proceeded during the year under report and is not yet completed.

A new building for the venereal disease clinic at Salt River, which for many years had been carried on in rented premises, was completed and brought into use during the year under report.

The extent of the work at the various clinics is indicated by the fact that the new cases that attended the infant consultations and pre-natal, school, dental, tuberculosis and venereal disease clinics during the year numbered 21,441, and the total attendances at these medical sessions 166,433; as compared with 19,722 and 161,846 in the previous year. Adding to these the attendances at the venereal disease clinics for "intermediate treatments" and at the welfare centres for test feeds, remedial exercises, dinners and free milk the total attendances were 337,632, as compared with 314,470 in the previous year.

Housing.

Work under the Slums Act continued during the year, and a number of premises were reported under the Act. The Council proceeded with its policy of acquiring slum areas with a view to demolition and reconstruction, but no building operations have yet been begun.

The fundamental factor in the housing situation is the shortage of dwelling houses for the poorer classes, chiefly non-European, but including also a section of the white population. This leads to slum conditions as the result of sub-letting and overcrowding in the town itself, and the occupation of insanitary hovels on the Cape Flats.

In January, 1936, the Minister of Public Health called a meeting of local authorities in Capetown to consider housing policy, and the City Council then submitted an estimate that 8,000 new houses were required in Capetown for the housing of the working classes, exclusive of any that might be built to replace dwellings demolished under the Slums Act, and in addition to the need that would be created by the growth in population and other demolition or closure of existing dwellings or their conversion to commercial or other purposes.

During the year under report no dwelling houses were built by the City Council or the Citizens' Housing League Utility Company.



Acknowledgements.

I desire to acknowledge the assistance I have received from the members of the staff of the City Health Department and the support accorded me by the Chairmen and members of your Health and Building Regulations Committee and Slum Clearance Special Committee and other members of the Council.

I am, Gentlemen,

Your obedient servant,

T. SHADICK HIGGINS,
M.D., B.S., B.Sc., Lond.,
M.R.C.P., Lond., D.P.H., Cantab.,
Fellow of the Royal Sanitary Institute,
Professor of Public Health in the University of Capetown.
Medical Officer of Health.

City Health Department, 12, Keerom Street, Capetown. May, 1936.

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MUNICIPALITY OF THE CITY OF CAPETOWN.

LEADING STATISTICS, YEAR ENDED 30TH JUNE, 1936.

		European.	Non-European.	All races.	European.
Area: 48,648 Acres.		•	•		•
Total population	• •	150,634	142,546	293,180	_
Population (excluding the tive locations of Langa					
N'dabeni)		150,610	138,480	289,090	_
		A	A	A	B
Birth rate		18.09	48.18	$32 \cdot 50$	18.37
Death rate		10.68	23.81	16.97	10.88
Infant mortality rate		45.1	145.7	116.5	44.8
Tuberculosis death rate		0.79	4.47	$2 \cdot 55$	0.80
Enteric incidence rate		0.20	0.31	$0 \cdot 25$	_
Enteric death rate		0.02	0.04	$0 \cdot 03$	0.02

All the above rates are annual and expressed as per 1,000 population of each class, except the infant mortality rate, which is expressed as per 1,000 births occurring during the year. The figures for the native locations of Langa and N'dabeni are excluded from these rates.

A. Corrected for outward transfers.

B. Corrected for outward and inward transfers.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDED 30TH JUNE, 1936.

For the purposes of this Report, the year consists of 53 weeks ended 3rd July, 1936.

All rates have been corrected to the basis of a year of 365 days.

SECTION I.—NATURAL AND SOCIAL CONDITIONS.

PHYSICAL GEOGRAPHY.

Capetown is situated at the northern end of the Cape Peninsula. The Peninsula lies off the west coast of the mainland of South Africa, extending from north to south a distance of about 33 miles and attaining a maximum width of about ten miles. Its average width east and west may be estimated at five miles. The northern half of its eastern side is connected with the mainland by a wide low-lying sandy isthmus, known as the Cape Flats, which separates Table Bay to the north-west from False Bay to the south-east. The narrowest part of the isthmus measures about twelve miles from sea to sea.

The backbone of the Peninsula is a mountain range which extends from Table Mountain (3,495 ft.) at its north end to Cape Point at the south. The land slopes from the mountains to the sea or, where the isthmus joins the Peninsula, to the Cape Flats. While much of the Peninsula area lies at heights of over 1,000 ft., most of the isthmus does not reach 100 ft., and a rise of sea level would convert the Peninsula into two islands nearly equal in area.

There are three principal formations functioning in the simple geological* structure of the Peninsula: viz., (1) the Table Mountain Sandstone Series, beneath which is found (2) the granite, intruding into (3) a series of dark-coloured fine-grained sediments called the Malmesbury Slate Series.

The Malmesbury Series is found at the northern end of the Peninsula and constitutes the mountain mass known as Signal Hill and Lion's Head (except the summits) and and also Devil's Peak. It forms the foundation of Green and Sea Point, Capetown proper, Woodstock and Salt River, and Mowbray. In some places the beds of clay, resulting from the weathering of this rock, extend to a depth of several yards and are used extensively for brick-making.

The Table Mountain Series constitutes the higher part of Table Mountain, and almost the whole southern two-thirds of the Peninsula, where its lowest beds descend below sea level

The granite forms the basement of nine-tenths of the Peninsula area. It constitutes the lower slopes of Table Mountain south of Sea Point on the western side and south of Rondebosch on the eastern side.

Resting on the lower slopes of the mountains is a talus apron consisting of a mixture of sand, clay and boulders.

From the bottom of the slope below the face of Table Mountain there extends down to Table Bay a bed of alluvial deposits, on which a good deal of old Capetown is built. At the shore of the Bay there is a considerable area of land that has been reclaimed from the sea by the deposit of town refuse.

The Cape Flats are covered with a layer of sand varying in depth and containing in places a few feet beneath the surface a layer of ferruginous rock sometimes called "Cape laterite" known locally as "ironstone gravel." The laterite consists of a limonitic matrix which encloses sand, clay and rock fragments. It varies in thickness from a few inches up to say ten feet and generally rests on a few feet of sandy clay, which in turn lies upon the underlying hard rock, which may be either granite or slate.

The greater part of the Municipality is built upon the Malmesbury slate or granite, the sandy Cape Flats, and alluvial deposits. On the coast of False Bay the town from Muizenberg to Kalk Bay is built on the Table Mountain sandstone or on the talus and sand dunes covering the sandstone slopes.

^{*} The geological particulars in this section are taken from "Chapman's Peak" Guide Book of International Geological Congress, XV Session, South Africa, 1929, by Prof. Andrew Young, D.Sc.

The City of Capetown consists of a central portion, which before the City extension of 1913 constituted the whole Municipality and is sometimes known as Capetown proper or central Capetown (Wards 2-7), and a chain of suburbs on either hand. The central portion lies in the amphitheatre which, extending down to Table Bay towards the northeast, is backed on the other sides by the precipitous face of Table Mountain, which forms the northern end of the Table Mountain range, and on the outlying masses, Devil's Peak on the east and Lion's Head and Signal Hill on the west. It therefore lies between the mountain and the sea, and, unlike the centre of most cities, is not surrounded by its suburbs.

The suburbs extend beyond this amplitheatre on either hand. To the west, the marine suburbs, known as Green Point, Sea Point, Clifton, Camps Bay and Bakoven (Ward 1 and part of Ward 4) lie along the Atlantic sea board for a distance of about six miles curving with the coast in a southerly direction. They are on the seaward slopes of Signal Hill and Lion's Head.

To the east the "Southern Suburbs" (Wards 8-10 and 12-15) extend around Devil's Peak and are stretched for about sixteen miles along the road and suburban railway line which after rounding Devil's Peak pass along the eastern side of Table Mountain in a southerly direction to the shore of False Bay. Woodstock and Salt River (Wards 8 and 9), next to Capetown proper, slope down to Table Bay, and at the other end Muizenberg, St. James and Kalk Bay (Ward 14) lie on the False Bay coast. The string of suburbs between, known successively as Observatory, Mowbray, Rosebank, Rondebosch, Newlands, Claremont, Kenilworth, Wynberg, Plumstead, Diep River, Heathfield, Retreat and Lakeside, lie on the eastern slopes of the mountain range, and, to a greater extent, on the Cape Flats below them. The Municipality extends over the Flats to a varying depth up to $4\frac{1}{2}$ miles, and the parts on the Flats contain a number of scattered townships and estates, some of which are served by the Cape Flats railway, which forms a loop lying in a more easterly position than the suburban line.

There is an extension of the Municipality beyond Salt River in a north-easterly direction on the Flats bordering Table Bay. This, known as Ward 11, includes the suburbs of Maitland, Brooklyn, Rugby and Kensington.

CLIMATE.

Capetown is situated Lat. 33° 56′ S., Long. 18° 30′ E. Its climate is largely determined by the fact that during the summer season the prevailing winds are south-easterly and in the winter season north-westerly; and that the western shore of the Cape Peninsula is washed by a cold current from the Antarctic.

There is an average of nearly three thousand hours of bright sunshine per year, and the temperature is very equable. The rainy season is the winter, but occasional showers occur in the summer also.

The parts of the Municipality on the two seaboards are much frequented by holiday-makers from other parts of the country. To the attractions of the climate are added the great natural beauties of the Peninsula and its neighbourhood.

The meteorological readings for the year under review and for previous years will be found in Tables K to O on pages 131 to 135.

From the point of view of public health Capetown belongs definitely to the temperate zone, and the tropical diseases, except in imported cases, are entirely absent. The state of health and the mortality statistics of the European part of the population are much the same as in a healthy European town.

SOCIAL AND ECONOMIC CONDITIONS.

One-half of the Capetown population of nearly three hundred thousand consists of whites, or "Europeans." The other half is commonly designated as "Non-Europeans." Eight-ninths of these non-Europeans are of the mixed race known as Cape Coloured, having a big admixture of white blood.

The Cape Coloured are largely the descendants of the slaves of earlier days, whose emancipation was completed in 1835. Their ancestors of the eighteenth century and earlier were mainly Europeans, Hottentots, blacks from Mozambique, Madagascar and other parts of Africa, and East Indians from the Dutch East Indies. In more recent years they have received additions from European, Bantu and other stocks.

There is one section of the Cape Coloured, Moslem in religion, known as "Malays," who are more immediately descended from the Dutch East Indians. Though they possess a larger infusion of this strain they are much mixed with the other elements present in the Cape Coloured generally.

The remaining one-ninth of the non-European population consists of Bantu natives, and Indians, mostly Moslems, from British India. They are both comparatively newcomers. There is a tendency on the part of the Indians to inter-marry with the Malays.

The social and economic conditions of the Cape Coloured are on the whole unsatisfactory. The principle of compulsory education, which is applied to European children, does not extend to them; and although certain schooling facilities are available for them, in many cases of an inferior order, there is much illiteracy, and also a lack of discipline in certain classes of adolescents. With a very few exceptions they belong to the working class. A small proportion have skilled trades and receive satisfactory wages, but the majority belong to the unskilled labouring class. These receive very low wages, usually not more than 30s. a week when in full work, and often less. The City Council pays its labourers a minimum wage of $\pounds 2$ a week, but this is much above the local standard of wages. In the building trade a minimum wage of $8\frac{1}{2}$ d. an hour has been fixed for labourers. The wages of the head of the household are commonly eked out by the earnings of his wife and children.

The resulting poverty produces its inevitable result amongst the coloured people. A large section of them suffer from malnutrition and their housing conditions are very bad. Alcoholism is common and there is a high incidence of venereal disease amongst them. The effects on their health are shown by the contrast between the vital statistics of Europeans and non-Europeans.

An entirely different picture is presented by the European population as a whole, which in the main is a well-to-do community. A portion of them, however, have an ordinary working-class status, and there is a small section which has sunk to the same social and economic level as the coloured people. Nevertheless the white population presents decidedly favourable health statistics.

There are certain parts of the City where the inhabitants are mainly non-European, and other parts are exclusively occupied by Europeans and their coloured servants. Generally speaking, however, the various sections of the community are to a great extent intermingled, and there is nothing approaching segregation of the races.

The natives are partly housed in the Council's native locations, and partly live as ordinary non-European residents. The segregation prescribed by the Natives (Urban Areas) Act, 1923, is by no means completely enforced. A certain section of the natives are men from the native territories who still retain their link with the territories and commonly return there eventually. There are also a large number of detribalized natives who are permanently resident in Capetown and live here with their families. Their social and economic conditions are on the whole somewhat worse than those of the coloured people.

The Indians are comparatively small in number. Many of them are petty traders, and on the whole they are better off than the Cape Coloured. They have a low standard of living. A section of them is making good progress in business and becoming well-to-do.

Distress amongst Europeans and non-Europeans is dealt with by the Board of Aid (see page 11). There is no system of compulsory insurance against sickness and unemployment. Old age pensions are granted by the State to the aged poor.

In the annual report for the year 1930-31 quinquennial statistics for the five years ended that year are given. The general death rate in non-Europeans was 2·4 times as great as in Europeans, the infant mortality rate 2·7 times and the tuberculosis death rate 6·1 times. Similar differences appeared when the European populations of the different wards were compared. The four wards with the lowest European mortality rates in the quinquennium were Kalk Bay (14), Sea Point (1), Park (5) and Kloof (4); and the highest, Castle (7), Harbour (2), West Central (3) and Woodstock (8). The European general death rate in the latter was 1·7 times as great as in the former, the European infant mortality 1·8 times and the European tuberculosis death rate 3·0 times. The corresponding figures for the current year are contained in the present report (Table D on page 124. 58 per cent. of non-European deaths this year were of persons under 25 years of age; the corresponding figure for Europeans was 19 per cent.

Housing.

Fundamentally the housing conditions in Capetown are similar to those of western European towns. The bulk of the City consists of houses built of brick or stone, served by water-carriage sewerage and a good municipal water supply. The streets and backlanes are well constructed. It is only in certain of the outlying estates on the Cape Flats that wood-and-iron houses are found and such services are not provided. But owing to poverty and the housing shortage there are a few thousand non-Europeans living in unauthorized insanitary shacks in the outskirts of the Municipality, often hidden in the bush. The practice of selling plots of land to poor people on the hire-purchase system encourages these conditions.

But though the bulk of the population lives in houses that are decently constructed and serviced, there is gross overcrowding in a proportion of these as a result of poverty and the shortage of houses.

The number of new dwelling houses built in the Municipality (abstracted from the City Engineer's returns) as compared with the growth of population is shown in the following table:—

Year.	Estimated increase in population.	Buildings for human habi- tation com- pleted (dwellings).
1915	3,980	123
1916	4,110	103
1917	4,240	99
1918	4,380	69
1919	4,500	91
1920	4,680	139
1921	5,340	210
$\overline{1922}$	4,950	308
1923	5,080	425
1924	5,220	561
1925	5,380	335
1926	5,320	444
1927	5,910	675
1928	6,060	846
1929	6,230	1,773
1930	6,400	1,320
1931	6,560	1,564
1932	6,730	1,102
1933	6,900	1,068
1934	7,080	1,711
1935	7,280	1,937
1936	6,550	1,320
TOTAL	122,880	16,223

Wynberg incorporated in Municipality in 1927.

It will be seen that there has been a striking acceleration in the building of dwelling houses since the Great War and the years immediately following, when such work had almost ceased.

Reference has frequently been made to the overcrowded and insanitary conditions under which much of the coloured population and certain of the poorest of the Europeans are living. Houses that afford reasonable accommodation for one family only are sublet to several families, and in many cases whole families are living in single rooms. In a survey (1931) of an area in central Capetown inhabited by a population of 45,855, of whom 91 per cent. were Europeans, more than one-half of the population were found to live in single-room lettings (see annual report for 1932): and in an area in Woodstock and Salt River (1933), inhabited by a population of 21,952, of whom 64 per cent. were non-Europeans, the proportion living in single-room lettings was about one-third. Reference may be made to the report on coloured housing in Capetown made by Mr. C. W. Cousins, Director of Census, based on the data obtained in the 1921 census (see Annual Report of the Medical Officer of Health for 1923-24). Sub-letting and overcrowding, the direct result of the housing shortage, are the main cause of slum conditions in Capetown.

The extensive building operations reflected in the table set out above, with the exception of the non-European housing operations of the City Council, have had very little effect in relieving the shortage of non-European houses. The houses built have been in the main for the better-off classes of the community. It is because private enterprise is not meeting the housing needs of the poor that the obligation to undertake housing schemes has fallen upon the City Council.

During the year ended 30th June, 1936, no houses were built by the Council or the Utility Company.

Reference is made elsewhere to the work done under the Slums Act, 1934. (See page 72.)

Unemployment.

Mr. R. Beattie, Divisional Inspector of Labour, has kindly supplied the following figures of the work of the Labour Department for the year under review, in respect of the whole Cape Peninsula, showing month by month the number of unemployed persons

applying to be put on the books, vacancies referred by employers to the Labour Department and vacancies filled:—

Month.	Applie	ations.	Demai emplo	nds by	Vacancies filled.		
Month.	Eur.	Non-E.	Eur.	Non-E.	Eur.	Non-E.	
1935 :							
July	873	1,052	167	129	167	126	
August	747	941	253	71	222	66	
September	748	941	199	176	164	168	
October	693	682	143	76	123	66	
November	610	524	154	5 0	154	50	
December	459	411	85	84	85	66	
1936:							
January	809	714	164	95	164	95	
February	764	645	125	66	125	$\frac{66}{66}$	
March	837	677	204	98	204	98	
April	833	597	139	81	139	81	
May	746	622	94	52	94	52	
June	740	637	168	160	168	160	
TOTALS	8,859	8,443	1,895	1,138	1,809	1,094	
Totals for 1934-193	5 13,185	12,413	1,845	1,562	1,818	1,524	
Totals for 1933-193	4 16,317	13,294	2,091	1,580	2,072	1,552	
Totals for 1932-193	3 18,809	15,967	2,121	1,419	2,115	1,416	
TOTALS FOR 1931-193	2 14,160	11,939	1,640	758	1,638	749	
Totals for 1930-193	1 12,466	13,088	1,634	1,224	1,629	1,189	

The reduction in the number of applications for employment reflects the satisfactory decline in unemployment that has followed improved trade conditions. There has been a continuous decline in this figure since 1932-33, when it was double that of the year under report.

Poor Relief.

Board of Aid.

Defective nutrition is one of the most important factors in the causation of tuberculosis and other forms of disease, and an adequate system of relief of distress is to be regarded as of prime importance in the prevention of disease.

Poor relief in the City of Capetown is administered by the Capetown General Board of Aid, instituted under the Poor Relief and Charitable Institutions Ordinances of 1919 and 1924. The Board consists of nine members, including the Mayor of Capetown, ex officio, and three members of the City Council; together with co-opted members.

Its funds are provided by the Provincial Administration and the City Council, supplemented to a small extent by voluntary donations.

The Secretary of the Board has kindly supplied the following statistics for the calendar years 1935 and 1936:—

calcidat years 1500 and 1500.		1025			1000	
		1935. ———			1936.	
		£			£	
Income from voluntary sources Subsidy from Provincial Administra-		122			85	
tion	1	13,345			14,698	
Subsidy from City Council		13,345			14,698	
Expenditure on relief (exclusive of administration costs)		19,793			22,501	
	Keerom Street office.		Wood- stock and Maitland office.	Street	Wynberg and Athlone office.	stock and
TT "	15,694	12,681	13,739	11,474	9,511	11,920
Reports by Board's visitors Food orders issued	$4,141 \\ 21,175$	2,207 $19,490$	$\begin{vmatrix} 3,641 \\ 16,814 \end{vmatrix}$	3,675 $21,792$	$2,306 \\ 33,429$	$3,734 \\ 35,145$
Daily number of cases dealt with	73	117	10,514	46	71	86

In 1932 the expenditure on relief amounted to £31,517, and there has since been a reduction corresponding to the improvement in trade conditions. The increased expenditure in 1936 represents not increased distress but a raising of the standard of relief. The increase in the number of food orders issued corresponds to a smaller unit food order.

The Board of Aid maintains shelters for families who are homeless through lack of means for paying rent. The shelter for Europeans, at the old Police Station buildings at 7/11, Wale Street, Capetown, accommodated about 100 persons, practically all in families with children; and the shelter for non-Europeans at the old Police Station, 40, Sir Lowry Road, Capetown, accommodated about 90 persons in families. There is, however, still a great need for accommodation for destitute persons, both sick and otherwise, that require dealing with on indoor lines. A limited amount of accommodation for the sick and aged is provided at the Capetown Infirmary under the Provincial Administration.

At the European shelter, 7/11, Wale Street, the Board of Aid maintains a day nursery for European children. The full capacity of the day nursery is 50 and it is usually quite full.

Provision of Food for Mothers and Children.

Free dinners are provided at the maternal and child welfare centres for nursing and expectant mothers and children under school age who are suffering from undernourishment as the result of poverty. The dinners are given at nine centres on Mondays to Fridays inclusive. The recipients are selected on medical grounds from the attendants at the centres. The figures for the year under report are shown on page 64. The dinners given numbered 115,504 (nursing and expectant mothers 30,819 and children 84,685).

Dried milk for bottle-fed infants is issued at the welfare centres. The mothers are charged cost price if they can afford to pay; otherwise the dried milk is supplied at a reduced price or free. In the year ended 30th June, 1936, 1,920 new cases were supplied with dried milk and 42,342 lbs of dried milk were issued. The cost was £2,678 and the takings from mothers in respect of dried milk and medicines amounted to £807 11s. 10d. (see page 66). As a result of this provision no suckling infant in the Municipality need lack its normal diet on account of poverty.

Relief Works.

Owing to the decline in unemployment no relief works were instituted during the year under report.

Committed Children.

Government grants in respect of "committed children" are given at the discretion of the magistrate. These grants do not exceed £2 per month for European children and £1 for non-European. In the magisterial areas of Capetown, Wynberg, Simonstown and Bellville these grants (except for children committed to institutions generally) are distributed by the Capetown Society for the Protection of Child Life, and during the year ended 30th June, 1936, the money paid out by the Society amounted to £17,581 9s. 11d. Maintenance orders for 356 children were granted, 1,155 renewed, 37 cancelled and 41 refused, the total number of "committed children" under the care of the Society during the year being 1,743 (289 European and 1,454 non-European). The maintenance money is administered partly as mothers' pensions, for women whose husbands have died or become permanently incapacitated, so that the home can be kept together by the natural guardian of the children; and partly as grants for orphaned children who have no relatives in a position to maintain them.

Non-Support.

The Non-Support offices at the Magistrates' Courts operate in connection with children whose fathers are ordered by the court to make regular payments in support. The fathers are required to make their payments to these offices instead of to the mothers personally. During the year ended 30th June, 1936, £15,670 6s. 7d. was received from the fathers by the office of the Capetown Magistrate and an amount of £35 15s. 0d. was received by the Simonstown Magistrate in respect of the part of his magisterial area that falls within the Capetown Municipality. The Wynberg Magistrate in the year ended 31st December, 1936, received approximately £3,815 15s. 1d. in respect of the whole of his area, which is not entirely within the Capetown Municipality.

MEDICAL RELIEF (OUTDOOR).

The City Council provides medical attention in their own homes for indigent sick persons needing such service. The work is carried out by a full-time medical officer appointed in the City Health Department. The appointment is for a period of six months and is intended for junior practitioners who have completed house appointments in the general hospitals. Arrangements for the supply of medicines, etc., are made with the Capetown Free Dispensary and the Woodstock Hospital, and with local chemists. This work is carried out in co-operation with the District Nursing Organization.

The visits made by the medical officer during the year ended 30th June, 1936, were as follows:—

Ward	1	 	 12	Ward	9	 	199
,,	2	 	 88	,,	10	 	4 5
,,	3	 	 95	,,	11	 	
,,	4	 	 188	,,	12	 	
2.5	5	 	 29	,,	13		127
,,	6	 	 614	,,	14	 	122
,,	7	 	 462	,,	15	 	151
,,	8	 	 198				
					Total	 2	,652

In the previous year the number of visits was 3,336.

Under the City of Capetown Additional Poor Relief Ordinance, No. 5 of 1932, the Provincial Administration pays the Council part-refund of one-half of the cost of this service.

Hospitals, Convalescent Homes, Dispensaries and District Nursing.

Certain of the hospital facilities of the City are provided by the City Council, including the City Hospital for Infectious Diseases, the clinics for tuberculosis and venereal diseases, and the native hospital at Langa. Particulars in regard to these, and also the Council's maternal and child welfare centres, are embodied in this report. The Capetown Infirmary is maintained by the Provincial Administration. Otherwise the hospital services in the Cape Peninsula are administered by the Cape Hospital Board.

The Hospital Board serves the areas of the Capetown Municipality and of the Cape Divisional Council with the urban areas included therein. It is composed of twenty-two members, of whom six are appointed by the Administrator, three by the honorary medical staff, seven by the local authorities (including three Capetown City Council representatives) and six by the registered contributors. The Board obtains its funds from voluntary sources, contributions from the local authorities concerned, and the Provincial Government subsidy. In the year ended 31st December, 1935, the expenditure of the Board amounted to £147,779, of which £38,831 was contributed by local authorities, viz., £20,304 by the Cape Divisional Council, £18,360 by the City Council, £125 by the Simonstown Municipality, and £42 by the Durbanville Municipality. The contribution of the City Council included £750 towards the maintenance of an ambulance service for street accidents, etc. The patients treated by the hospitals and other services controlled by the Board are drawn from districts without as well as within the City of Capetown, and the extent of the work is indicated by the following tables, extracted from the annual report of the Board for the year 1935-36.

COMPARATIVE TABLE OF BEDS AVAILABLE AND IN-PATIENTS TREATED.

									-			-					
			PATIENTS														
	beds.	eds.											1935.		Percentages		
Institution.	Nominal roll of k	Remaining in Hospital at 31st December, 1934.		Admitted during 1935.		Total under treatment.		Discharged during 1935.		Died during 1935.		Remaining in hospital at 31s December, 193		Total.	ů.	Part-paying.	Paying not less than 7/6 per day.
	ž	E	С.	Е.	С.	E.	C.	Έ.	С.	E.	С.	E.	C.	To	Free.	Pau	Pa, tha
Somerset Hos	308	139	138	3,020	2,844	3,159	2,982	2,823	2,622	186	215	150	-145	6,141	76 -91	10.70	$\overline{12 \cdot 39}$
Woodstock Hospital	64	42	33	1,034	720	1,076	75 3	971	648	63	77	42	28	1,829	54.51	19 .52	25 .97
Rondebosch and Mowbray Hos.	54	30	15	672	324	702	339	642	303	28	17	32	19	1,041	41.88	3 ·15	34.97
Wynberg (Victoria) Hospital	105	39	61	984	1,121	1,023	1,182	939	999	49	120	35					23 .54
False Bay Hospital	28	7	14	328	333	335	347	303	319	16	17	16	11	682	63 · 20	15 .86	20.97
Peninsula Maternity Hospital	40	9	18	413	804	422	822	409	785	3	18	10	19	1,244			
Lady Michaelis Home	35	17	8	40	44	57	52	43	35			14	17	109	48.62	51.38	
Totals	634	283	287	6,491	6,190	6,774	6,477	6,130	5,711	345	464	299	302	13,251	61 ·10	$21 \cdot 46$	17.44
Eaton Convalescent Home	66	25	32	486	604	511	636	485	606		• •	26	30	1,147	79 -68	20 · 14	0.18
McGregor Convalescent Home.	28	33		458	• •	491		453				38	• •	491	58 86	41.14	
Princess Alice Home	60	36	29	35	33	71	62	40	32	1	• •	30	30	133	$63 \cdot 91$	36.09	
Totals	154	94	61	979	637	1,073	698	978	638	1	1	94	60	1,771	72 · 73	27 ·16	0.11

E. signifies European.

Table of Daily Units, Daily Average of Patients, and Daily Average Cost OF Patients compared with 1934.

	Total	number	of daily	units.	Daily ε	ıverage	Average dail y			
Institution.	In-pa	tients.	Out-pa (attend		of in-pa		cost per in-patient.			
	1935	1934	1935	1934	1935	1934	1935	1934		
1. Somerset Hospital	110,731 25,959 19,379 38,339 10,360 11,888 13,428 21,268 11,412 21,807	109,746 24,473 18,763 37,163 9,909 10,318 10,814 19,722 10,457 22,274	55,148 17,837 1,577 8,924 2,792 12,344 	53,947 18,929 1,381 8,934 2,647 9,249 	$303 \cdot 37 \\ 71 \cdot 12 \\ 53 \cdot 09 \\ 105 \cdot 04 \\ 28 \cdot 38 \\ 32 \cdot 57 \\ 36 \cdot 79 \\ 58 \cdot 27 \\ 31 \cdot 26 \\ 59 \cdot 74 \\$	$300 \cdot 67$ $67 \cdot 05$ $51 \cdot 40$ $101 \cdot 82$ $27 \cdot 15$ $28 \cdot 27$ $29 \cdot 63$ $54 \cdot 03$ $28 \cdot 65$ $61 \cdot 02$	s. d. 10 8 · 30 8 1 · 93 7 8 · 75 7 7 · 45 7 10 · 60 11 1 · 65 4 4 · 76 3 3 · 08 3 7 · 09 3 8 · 76 	s. d. 10 6.92 8 10.11 7 8.99 7 6.57 7 6.72 11 6.73 6 0.94 3 4.14 3 8.13 3 4.37 		
ganization	• •	••	98,689	104,343	• •			1		

The work of the District Nursing Organization is of great importance in the local health scheme. On the 31st December, 1935, there were 29 district nurses and a superintendent engaged in it. Twenty-one of the district nurses work in the area of the Capetown Municipality.

St. Monica's Maternity Home.

This institution, at 182, Bree Street, Capetown, under the auspices of the Diocesan Board of Missions of the English Church, provides maternity services, chiefly for non-Europeans, both intern and extern, and maintains a midwifery training school for non-Europeans.

During the year 1936, 493 cases were attended, 311 as in-patients and 182 on the district.

Fourteen new pupil-midwives entered for training during 1936.

A pre-maternity ward is maintained for patients needing observation and treatment. Cases of this nature are referred from the municipal pre-natal clinics, the City Council making a grant of £250 per annum for this service.

Pre-natal clinics and an infant welfare clinic are held for the patients of the institution. The funds are obtained chiefly from the Provincial Administration, the City Council, the Union Health Department, and the Community Chest.

Duinendal Tuberculosis Settlement.

The Care Committee for Tuberculosis Patients maintains a settlement for European male cases at Duinendal farm on the Cape Flats, made available through the generosity of Captain W. D. Hare. The patients received are chiefly those who have received treatment at Nelspoort Sanatorium or the City Hospital and whose home conditions are not favourable for ultimate recovery. Occasionally patients are admitted who are awaiting admission to sanatorium. Some degree of vocational training is undertaken. Most of the cases are from the City of Capetown, and the work is carried out in close co-operation with the City Health Department (see page 43). The funds are derived mainly from the City Council, the Provincial Administration, the Cape Divisional Council and the Community Chest.

The cases dealt with have been as follows:—

cases deant with have been as	TOHOW		ended Iarch, 36.	Year ended 31st March, 1937.
In residence at end of year		 	 11	12
Admitted during year		 	 19	15
Discharged during year		 	 19	14

Sunshine Home for Children.

The Association for the Prevention of Consumption maintains at Lincoln Street, Bellville, a holiday home for 24 European children in a depressed state of health, especially tuberculosis contacts. The object is to build them up and strengthen them so as to withstand the danger of developing tuberculosis. Most of the cases are from the City of Capetown, and the work is carried out in close co-operation with the City Health Department. The funds are derived mainly from the Christmas Stamp Fund, the Provincial Administration, the Union Health Department and the City Council, and from street collections.

During the year ended 30th June, 1936, 50 children were admitted. The average period of residence was 162 days, the longest stay during the year being 293 days and the shortest 38 days.

Maitland Cottage Homes.

The Invalid Children's Aid committee of the Capetown Society for the Protection of Child Life maintains a home for non-European orthopædic cases, chiefly tuberculous in nature. Three pairs of semi-detached cottages are used for this purpose, and the accommodation has been increased to 50. Government grants under the Children's Protection Act are available for a number of the inmates, but not all, and the funds are supplemented by voluntary contributions. Most of the cases belong to Capetown.

The cases dealt with during the calendar year 1936 were as follows:—

In residence at beginning of year	38
Admitted	27
Discharged	14
Died	1
In residence at end of year	50

The Invalid Children's Aid also deal with orthopædic cases by interview, correspondence and home visitations. Cases which do not need to be seen frequently by the orthopædic surgeon, but still require special treatment, are placed at St. Joseph's Home, Phillipi, where they remain under the auspices of the Society, who pay a grant to the Home. At the end of the year there were 19 such cases.

Chronic Sick Hospital.

At the Capetown Infirmary, which is maintained by the Provincial Administration for sick and infirm poor persons in the Cape Province, there is accommodation for 513 beds. On the 30th June, 1936, the number of patients in the hospital was 437 (European males 157, non-European males 131; European females 57, non-European females 92). These cases are, to a great extent, chronic in nature. In the year ended 30th June, 1936, the number of new cases admitted from Capetown was 134, and from other parts of the Cape Province 51.

OTHER NON-MUNICIPAL HEALTH SERVICES.

The School Medical Service is maintained by the Provincial Administration. There are four medical inspectors of schools and eight nurses to serve the Cape Province. No treatment is undertaken by the school medical service. On page 68 reference is made to the school clinic held at certain of the Council's maternity and child welfare centres.

The health administration of the Port of Capetown is controlled by the Union Health

Department.

The administration of the Food, Drugs and Disinfectants Act is shared by the Union Health Department and the City Council (see page 76).

DRAINAGE, SEWERAGE AND SCAVENGING.

STORMWATER DRAINAGE.

A great part of the Municipality, being built on the slopes at the foot of the mountain, is well placed for drainage. This applies to Capetown proper and the suburbs. But on parts of the Flats the natural drainage is bad and in the wet season the ground water level over a considerable area is very near the surface. In some portions there is standing water during much of the winter.

The town is sewered on the "separate" system, stormwater being taken by separate channels to the nearest natural outfall, whether the sea or the Liesbeek and Black Rivers and their tributaries, which drain the "southern suburbs" north of Kenilworth and flow into Table Bay as the Salt River. South of Kenilworth the streams discharge into a series of vleis.

SEWERAGE.

Except a few outlying areas the whole of the built-up part of the Municipality is provided with water-borne sewerage.

The sewage from the area of the old municipalities of Capetown and Green and Sea Point (Wards 1-7) is discharged into the sea near Green Point Lighthouse by means of a submerged steel outfall at a depth of 55 feet below sea level approximately 2,000 feet from the shore.

The sewage from Wards 8-13 (Woodstock, Salt River, Maitland, Mowbray, Rondebosch and Claremont) is treated at the disposal works and sewage farm at Athlone, from which the effluent passes into the Black River.

From the Wynberg area (Ward 15) the sewage is treated by broad irrigation near Zeekoe Vlei.

The sewage from the Kalk Bay—Muizenberg area (Ward 14) is discharged on the sand dunes on the False Bay shore about two miles from Muizenberg.

In the Camps Bay area the sewage passes into treatment tanks from which the effluent is discharged to the sea by a short submerged outfall.

Since the end of the year under report the Clifton sewerage scheme, in which the sewage will be pumped into the Capetown—Sea Point system, has been brought into operation in successive stages.

Sewerage extensions are urgently needed in several parts of the Municipality, including Athlone, Lansdowne, Plumstead—Diep River, Kensington and Lakeside. The Medical Officer of Health submitted a report in August, 1934, indicating that the areas needing sewerage comprised 4,344 dwelling houses, shops and other occupied buildings (Ward 12, 1,790; Ward 13, 962; Ward 15, 779; Ward 11, 490; and Ward 14, 323).

PAIL CLOSETS.

The City Engineer's Department undertakes the weekly collection of stercus in the outlying unsewered areas. In parts of the Cape Flats this work is carried out with great difficulty owing to the lack of roads. The men and wagons have to plough through heavy sand and bush, and, in winter, through water, to reach isolated places for the purposes of collecting. In these circumstances oxen are employed for transport and the work is carried out in the day time. Elsewhere it is done by mules at night. A charge of 7s. 6d. is made for the first installation of a pail but no charge for removals and renewals.

The stercus collected in the various districts is buried in trenches on municipal land at Vyge Kraal, the old sewerage farm at Wynberg Flats and the Raapkraal Farm, Retreat, and passed into the sewers at depositing depôts at Maitland, Kenilworth and Clifton.

The number of premises from which stercus was being removed at 30th June, 1936, is shown by the following figures:—

Clifton	122
Camps Bay	19
Woodstock and Salt River	10
Maitland and Brooklyn	244
Kensington	452
Added areas, Mowbray to Claremont	2,873
Claremont	37
Wynberg	1,066
Muizenberg and Retreat	409
	5,232

At Plumstead, Dicp River, Clovelly and Kalk Bay, the O'Brien dry earth closet is in use, the service, including removals, being undertaken by a private firm as contractors to the Corporation. Householders are required to provide the closet, and the removals are paid for by the Corporation. Ordinary pail closets are not allowed in these districts. There are 267 premises provided with this service.

Slop-water removal services are undertaken by the Corporation at Clifton, Plumstead, Diep River, Lakeside and Kalk Bay.

House Refuse Removals.

The removal of house refuse is carried out by the Cleansing Branch of the City Engineer's Department as follows:—

In Capetown proper, every weekday, and on Sundays also in certain congested parts.

In Green and Sea Point, every weekday between the Main Road and the sea; and above the Main Road four times a week, but hotels and boarding houses every weekday.

Woodstock and Salt River, from Capetown to Station Road, Observatory, four times a week.

The southern suburbs from Mowbray to Retreat and the Maitland ward, three times a week.

Muizenberg—Kalk Bay, four times a week, but hotels and boarding houses every weekday.

Clifton and Camps Bay, three times a week. Added areas on the Cape Flats, twice a week.

During the year 1936, the quantity of refuse removed averaged 5,119 cubic yards

The house refuse is disposed of by controlled tipping.

SECTION II.—VITAL STATISTICS.

Unless the contrary is stated, all statistics in this section are exclusive of the added districts of Langa and N'dabeni, which contain the native locations and have a selected native population. Births and deaths are allocated to the date of registration.

The births and deaths statistics are stated variously as:—

(1) "Crude" or "uncorrected"; including all births and deaths registered during the year as having occurred in Capetown.

(2) "Corrected for outward transfers"; which is the foregoing (1) after the deduction of deaths in Capetown of persons who were not Capetown residents and births in Capetown to mothers who were not Capetown residents.

(3) "Corrected for outward and inward transfers"; which is the foregoing (2) after the addition of deaths of Capetown residents in parts of the Union outside of Capetown and births in parts of the Union outside of Capetown to mothers who were Capetown residents.

Information as to outward transfers is available from the local returns for both Europeans and non-Europeans; but in regard to inward transfers the information is supplied by the Director of Census and Statistics, Pretoria, and is available in respect of Europeans only.

POPULATION.

The provisional returns of the census taken for the night of 4-5th May, 1936, are as follows:—

Race.				Males.	Females.	Persons.
European	• •		• •	72,683	78,953	151,636
Natives—Bantu Indians and other Asiatics All other Coloured Persons	• •	• •	• •	9,191 2,474 59,535	3,830 1,199 67,847	13,021 3,673 127,382
Total non-Europeans		• •	•••	71,200	72,876	144,076
All Races				143,883	151,829	295,712

The population of Langa native township is included in the above figures, viz., Natives 4,038 (males 2706, females 1,332), Indians nil, Coloured 18 (males 7, females 11) and Europeans 21 (males 9, females 12).

The following populations are also included:

The recently added areas on Table Mountain, viz., Europeans 6 (males 5, females 1), Natives and Indians nil, Coloured 23 (male 16, female 7).

Shipping, viz., Europeans 655 (males 571, females 84), Natives 1 (male), Indians 100 (male) and Coloured 5 (male).

Railway passengers, viz., Europeans 302 (males 227, females 75), Natives 53 (males 47, females 6), Indians nil, Coloured 61 (males 52, females 9).

The estimated population at the middle of the year under report (31st December, 1935) for the Municipality, exclusive of the areas of Langa and N'dabeni, is calculated from the provisional figures for the 1936 census, together with the census figures for 1931

as regards Europeans and the census figures for 1926 as regards non-Europeans. It is as follows:—

]	Race.		Males.	Females.	Persons.
European			 	 72,192	78,418	150,610
Non-European			 	 67,734	70,746	138,480
All Races			 	 139,926	149,164	289,090

The rates for the year 1935-36 in this report are based on the above figures, and the births and deaths at the native locations of Langa and N'dabeni are excluded.

The figures for previous years given in this report have not been corrected in the light of the provisional census figures. The correction will be made when the final figures for the census are available. It is of interest to note what discrepancy appears in the estimate of the population for the year 1934-35, which was based on the 1926 and 1931 census as regards Europeans and the 1921 and 1926 census as regards non-Europeans. This estimate (exclusive of Langa and N'dabeni) was 147,700 for Europeans and 141,560 for non-Europeans; as compared with a new estimate, based on the provisional figures for the new census, of 147,640 for Europeans and 135,410 for non-Europeans. Thus the previous estimate was nearly correct for Europeans, but overstated by 4·35 per cent. as regards non-Europeans. The total was overestimated by 2·15 per cent.

The estimated populations in the various wards of the City for 31st December, 1935, exclusive of the harbour and shipping, and of Langa and N'dabeni, are as follows:—

	Wards.			European.	Non-European.	All Races.
No.	Name	•		European.	Non-European.	All Ivaces.
1	Sea Point			18,628	2,979	21,607
2	Harbour			4,039	4,100	8,139
3	West Central			1,063	4,363	5,426
4	Kloof			10,045	6,705	16,750
5	Park			11,609	1,920	13,529
6	East Central			7,300	20,161	27,461
7	Castle			1,421	14,574	15,995
8	Woodstock			12,112	9,154	21,266
9	Salt River			14,252	7,379	21,631
10	Mowbray			13,725	2,795	16,520
11	*Maitland			9,402	10,161	19,563
12	†Rondebosch			10,528	19,935	30,463
13	Claremont			14,242	13,667	27,909
14	Kalk Bay			6,139	5,261	11,400
15	Wynberg	• •	••	15,095	15,491	30,586
	City			149,600	138,645	288,245

^{*} Exclusive of N'dabeni. † Exclusive of Langa.

The population of the areas of Langa and N'dabeni (including the native locations) for the year 1935-36, based on the average of an enumeration made at the end of each month, was as follows:—

	Area.			European.	Coloured.	Native.	Total.
Langa	••	• •	• •	17		3,911	3,928
N'dabeni	• •	• •	••	7		155	162
Total				24		4,066	4,090

The N'dabeni location, which had been in the course of evacuation for several years, was finally emptied and closed down on 31st December, 1935.

The estimated population of the whole Municipality, including Langa and N'dabeni, for 31st December, 1935, is as follows:—

European. 150,634

Non-European. 142,546

All Races. 293,180

AREA.

The area of the extended Municipality, on 30th June, 1936, amounted to 48,648 acres (76 ·0 square miles) and the length of the main road passing through the Municipality from the boundary at Bakoven to that at Kalk Bay is about 25 miles.

BIRTHS.

In the following table are shown the births and birth rates for the Municipality of Capetown for the year 1935-36:—

	Bi	rths.	Natura	l increase.
	Number.	Rate per 1,000 population.	Number.	Rate per 1,000 population.
Europeans (uncorrected)	3,081	20.13	1,194	7.80
", (corrected for outward transfers) corrected for outward	2,769	18.09	1,134	7.41
and inward transfers)	2,812	18.37	1,147	7.49
Non-Europeans (uncorrected) (corrected for out-	6,906	49.06	3,302	23.46
ward transfers)	6,782	48.18	3,430	24.37
All Races (uncorrected)	9,987	33.99	4,496	$15 \cdot 30$
,, ,, (corrected for outward transfers)	9,551	32.50	4,564	15.53

It will be seen that the non-European birth rate (corrected for outward transfers) was 2.7 times as great as the European.

In Table C, on page 123, the annual birth rate and rate of natural increase for

twenty-three years are set out in years and quinquennia.

As compared with the previous year (corrected in accordance with the provisional census figures) the European birth rate showed an increase of 9.7 per cent. and the non-European an increase of 2.8 per cent.

The natural increase of the non-European population (i.e. the excess of births over deaths) was three times as great as that of the European population; expressed as per 1,000 population it was 3·3 times as great.

In Table B, on page 122, the births will be found tabulated on the same basis for

wards, and also the still-births by race and legitimacy.

The number of male births per 100 females births (corrected for outward transfers) was 101·4 amongst European and 102·0 amongst non-Europeans.

The percentage of illegitimate to total births (corrected for outward transfers) was 5·4 amongst Europeans and 22·0 amongst non-Europeans. The corresponding figures for former years will be found in Table C, on page 123.

The number of still-births registered as having taken place in Capetown during the year was 521, of which 107 were European, 413 non-European, and one of unknown race. Corrected for outward transfers the number was 484 (93 European and 390 non-

European).

2,345 births (1,310 European and 1,035 non-European) and 171 still-births (60 European and 111 non-European) took place in maternity homes and other institutions within the Municipality. Corrected for outward transfers the births in institutions were 1,964 live births (1,036 European and 928 non-European), and 134 still-births (46 European and 88 non-European). This is equivalent to a percentage of 20·6 of all live births (corrected for outward transfers), the percentage being 37·4 amongst Europeans and 13·7 amongst non-Europeans. The corresponding figures for the previous year were 19·4, 36·2 and 12·9.

Births in the Langa and N'dabeni locations are not included in the foregoing figures.

Particulars regarding these will be found in Table J, on page 130.

For the purpose of comparison statistical particulars as to births in the Union of South Africa, in other towns, and in England and Wales, are set out in Table E, on page 125.

DEATHS.

In the following table are shown the deaths and death rates for the Municipality of Capetown for the year 1935-36.

	No. of Deaths.	Death rate per 1,000 population.
Europeans (uncorrected)	. 1,887	12 ·33
,, (corrected for outward transfers)	. 1,635	10.68
,, (corrected for outward and inward trans	-	
fers)	. 1,665	10.88
Non-Europeans (uncorrected)	. 3,604	25.60
(corrected for outward transfers)	3,352	23.81
All Races (uncorrected)	F 407	18.69
,, ,, (corrected for outward transfers)	4,987	16.97

It will be seen that the non-European death rate (corrected for outward transfers) was $2\cdot 2$ times as great as the European.

In Table C, on page, 123, the annual death rate for twenty-three years is set out in years and in quinquennia.

As compared with the previous year (corrected in accordance with the provisional census figures) the European death rate showed a decrease of $2 \cdot 25$ per cent. and the non-European a decrease of $1 \cdot 5$ per cent.

In the next two tables figures are given for the number of deaths from various causes.

CITY OF CAPETOWN: TOTAL DEATHS.

(Corrected for outward transfers in the case of non-Europeans and all races, and for outward and inward transfers in the case of Europeans).

		1935-1936	3.		1934-1935	5.
	European.	Non- European.	All Races.	European.	Non- European.	All Raees.
Enteric fever	3	6	9	6	9	15
Typhus fever	-	- 1				_
Small-pox						
Measles Scarlet fever	$\frac{3}{3}$		3 4	$egin{array}{cccccccccccccccccccccccccccccccccccc$	80	86
Whooping cough	10	178	188	5	$-\frac{19}{19}$	$1 \\ 24$
Diphtheria	10	17	27	9	19	28
Influenza	36	32	68	30	27	57
Plague Poliomyelitis					-	
Encephalitis lethargica	2	4	-6	$\frac{1}{2}$	1	$\frac{4}{3}$
Cerebrospinal fever	1	10	11	3	15	18
Tuberculosis, respiratory system	103	543	646	112	529	651
Tuberculous meningitis Other tuberculous diseases	$\frac{12}{8}$	$\begin{bmatrix} 52 \\ 34 \end{bmatrix}$	$\begin{array}{c} 64 \\ 42 \end{array}$	10 4	49	59 45
Leprosy					41	45
Syphilis	11	101	112	12	103	115
General paralysis of the insane,	-	0.4	0.1		1	
tabes dorsalis Malaria	$\frac{7}{2}$	24	$\frac{31}{2}$	$\frac{4}{2}$	21	25
Other infectious and parasitic	2		4	2	_	2
diseases	34	35	69	17	33	50
Cancer, malignant disease	214	111	325	186	97	283
Diabetes Other general diseases	56 40	16 93	$\begin{array}{c} 72 \\ 133 \end{array}$	47 27	18	65
Cerebral haemorrhage, embolism	40	ฮง	155	21	56	83
and thrombosis	14	12	26	26	12	38
Other diseases of the nervous		-	100			
system and sense organs Heart disease	$\begin{array}{c} 32 \\ 280 \end{array}$	$\begin{array}{c c} 70 \\ 237 \end{array}$	$\begin{array}{c} 102 \\ 517 \end{array}$	34	60	94
Aneurysm	12	5	17	298	$\begin{array}{c c} 229 \\ 7 \end{array}$	$\begin{array}{c} 527 \\ 14 \end{array}$
Arterio-sclerosis	192	125	317	163	123	286
Other circulatory diseases	8	2	10	6	5	11
Bronchitis	19 94	$\begin{array}{c} 193 \\ 453 \end{array}$	$\begin{array}{c} 212 \\ 547 \end{array}$	29	278	307
Miners' phthisis (silicosis) without	<i>9</i> 4	400	047	114	482	596
tuberculosis	1	1	2	1	_	1
Miners' phthisis (silicosis) with		1 7			1	
tuberculosis Other respiratory diseases	$\frac{1}{15}$	52	$\begin{array}{c} 1 \\ 67 \end{array}$	10		
Peptic ulcer	8	11	19	$\begin{array}{c} 19 \\ 15 \end{array}$	76	$\begin{array}{c} 95 \\ 21 \end{array}$
Diarrhoea, etc. (under 2 years)	27	328	355	27	354	381
Appendicitis	4	8	12	11	8	19
Cirrhosis of liver Other diseases of liver, etc	11 10	4 4	$\begin{array}{c} 15 \\ 14 \end{array}$	$\begin{array}{c} 12 \\ 10 \end{array}$	3	15
Other digestive diseases	45	52	97	40	5 54	$\begin{array}{c} 15 \\ 94 \end{array}$
Acute and chronic nephritis	84	109	193	96	98	194
Other genito-urinary diseases (non-	0.1	10				
venereal) Puerperal sepsis	$\frac{31}{5}$	$\begin{array}{c} 19 \\ 12 \end{array}$	$\begin{array}{c} 50 \\ 17 \end{array}$	22	24	46
Other diseases of pregnancy and	9	12	17	4	12	16
puerperal state	6	17	23	5	18	23
Congenital malformations and	1	07.0	227			
diseases of early infancy Senility	67 26	$\begin{array}{c c} 218 \\ \hline 19 \end{array}$	285 4 5	$\begin{array}{c} 68 \\ 26 \end{array}$	197	265
Seniity Suicide	16	19	10 20	$\frac{26}{12}$	$\begin{vmatrix} 31 \\ 5 \end{vmatrix}$	57 17
Other violence	56	100	156	74	$\begin{vmatrix} & 3 \\ 82 \end{vmatrix}$	156
Other defined causes	41	26	67	28	37	65
Causes ill-defined, or unknown	5	14	19	8	13	21
Total	1,665	3,352	5,017	1,639	3,350	4,989

CERTAIN LEADING CAUSES OF DEATH FOR THE YEAR UNDER REVIEW AND FOR PREVIOUS YEARS CORRECTED FOR OUTWARD TRANSFERS (Excluding Wynberg).

1927. 1928. 1928. 1928. 1929. 1928. 1929.		_	2	-		•		UMBER 01	NUMBER OF DEATHS.	•					Death 1,000 pc	Death rates per 1,000 population.
8 10 3 7 3 7 9 10 0	Race. 1925.	5 5.	1926. 1927.		927.	1928. 1929.	1929.	1930. 1931.	1931. 1932.	1932.	1933. 1934	1934. 1935.	Average for 10 years.	1935. 	Mean for 10 years.	1935. — † 1936.
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Eur. 8 Non-E. 18	∞ ∞	•	15 27	23 9	13	16	8	10	භ 4	212	ო ∞		2 2	0.06	0.02
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Eur. – Non-E. –		1 1		1 1	1 1	1 1		1 1	1 1=			1 1	1 1	1 1	1 1
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Eur. – 1	1	1 1			1 1	1		1 1	1 1	1	1 1	- 0 ·4		00.0	1 1
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Eur. – 6	9		38	111	00	12		855	1 1	25 3	9 10			0.03	0.02
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Eur. – I				က ၊				ıı	1 1		1		3	00.0	0.02
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Eur. 5 Non-E. 20	20		7	19 67	11 22	15	8 50	8 4 5 5	25	16	19		8	0.06	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Eur. 8 Non-E. 11	8 []		112	10	12	14	8 10	11	∞ rυ	01	81		9		
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Eur. 13 Non-E. 22	77.		13	17 44	18	30	25	25	9	တတ	25		29		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Eur. – Non-E. –				က က	40	4 m	0.01	ကက	3 1	1	40		000	0.02	0.01
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Eur. – Non-E. –			1	1 2 2	- 1	r - 1	1 22	1 1	1 2	+ 1	- co		1 1	0.01	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Eur. 6 Non-E. 7	9 2		45	2 23	ကက	က၂	1	1 C	1	1 1	27		1 4	0.02	0.01
11 8 · 7 8 9 7 · 8 9 7 · 8 0 · 06 0 82 120 81 84 89 82 · 6 88 0 · 77 0	Eur. 5 Non-E. 19	ر ا ا		6 23	13	14 57	7 25	3	19	44	3 16	13	6.0	6		0.07
	$egin{array}{c c} \operatorname{Eur.} & 7 & Non. E. & 61 & \end{array}$	31		4 67	77	10 76	7	111	8 120	.7	8 48	68	7.8	88 8	90.0	90.0

CERTAIN LEADING CAUSES OF DEATH FOR THE YEAR UNDER REVIEW AND FOR PREVIOUS YEARS CORRECTED FOR OUTWARD TRANSFERS (Excluding Wynberg)—continued.

					TOWN I					۰				2	Death re	rates per
							TO N	JMBERK OF	DEATHS	ò					1,000 population.	ulation.
	Diseases.	Race.	1925.	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	Average	1935.	Mean	1935.
			1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	10 years.	1936.	10 years.	1936.
	Tuberculosis— pulmonary	Eur. Non-E.	57	83	383	989	69	74 448	516	98	104 532	100 471	81.0	92 499	0 .66	0 .67
	Tuberculosis— other forms	Eur. Non-E.	13	14 50	17	13	13	14 72	19	19	10 82	14 76	14 ·6 68 ·2	19	$0.12 \\ 0.64$	$0.12 \\ 0.57$
ž	Cancer, malignant disease.	Eur. Non-E.	112	114	119	130	135	162	150	157	169	165 87	141 ·3	187	1.16	1.36
	Rheumatic fever	Eur. Non-E.	13	18	111	17	6	12	31	17	8 19	9	8 · 0 18 · 6	34	0.07	0.04
	* Cerebral hæmorrhage, embolism & apoplexy	Eur. Non-E.	40	38	33	49	31 29	43	79	114	67 64	22	51.7	111	0.42	60.0
	* Arterio-sclerosis	Eur. Non-E.	62	54 26	66 27	67	72 33	53	36	47	79	150	70 ·5 39 ·8	163	0.58	$\frac{1.19}{0.85}$
	Heart disease	Eur. Non-E.	180	146 202	208	218	214	227	179	192 162	197 191	259 203	202 · 0 197 · 0	239	1.65	1.74
	Bronchitis, pneumonia and pleurisy	Eur. Non-E.	97	128	129	119	90	83	129	81 490	80	130 737	106 ·6 583 ·7	109	0.87	0 .79
	Diarrhæa and enteritis	Eur. Non-E.	. 84	68 446	54	53	59	914	59	39	397	328	55·4 366·3	29	0.45	0.21
	Nephritis and Bright's disease	Eur. Non-E.	43	61 78	66	89	62	59	58	48	55	75	58.7	100	0.48	0.56
	Puerperal fever	Eur. Non-E.	13	4 1-	4	က မ	67 00	4 8	~ ~	2	C1 10	9	2.8	11	0.02	0 .03
	Congenital debility and	Eur.	40	46	44	46	61	54	57	36	33	44	46 · 1	45	0 -38	0.33
	ding premature birth	Non-E.	159	170	140	170	187	189	176	180	156	156	168 ·3	162	1.57	1.21
	External causes	Eur. Non-E.	47	78 74	66	49	65	79	76	69	56	75	66.0	67	0.54	0 .49
		*	1			1 - 41	110.0041.00	- F 3 - 4.1	10.0	4.1	1					

* There has been some variation in the allocation of deaths as between these two causes.

+ Estimate of nonulation based on previous censuses and not revised in accordance with the census of 1936

The causes of death which accounted for most decline in mortality in 1935-36 as compared with the previous ten years were diarrheal diseases (both races) and bronchitis and pneumonia (especially in non-Europeans): while the causes responsible for most increase in 1935-36 were whooping cough (in non-Europeans), and diseases of the heart and arteries (including cerebral apoplexy) and cancer (in Europeans).

In Table A, pages 104 to 121, the deaths for the year will be found fully classified

for causes, race, sex, age and ward.

In Table D, on page 124, will be found the death rates for the year for the several wards of the Municipality.

In Table E, on page 125, the death rates for the Union of South Africa, in certain other towns, and in England and Wales, are set out for purposes of comparison.

Deaths in the Langa and N'dabeni native locations are not included in the foregoing figures. Particulars regarding these will be found in Table J, on page 130.

DEATHS IN INSTITUTIONS.

The following table shows the number of deaths which took place in institutions in Capetown, and also of the Capetown European deaths which occurred in institutions in other parts of the Union of South Africa:—

${\bf Institution.}$	Sex.	Total 1	Deaths.	Dea belong Capet	ing to	belor to Cap (out	ns not nging netown. ward sfers).
		Euro- pean.	Non- Euro- pean.	Euro- pean.	Non- Euro- pean.	Euro- pean.	Non- Euro- pean.
Somerset Hospital	Male Female	154 51 38 39 46 40 34 19 45 26 42 22 10 8 19 15 33 16 29 10 — — — — — — — — 6 8 4 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1	145 60 140 124 55 35 66 55 53 29 37 27 17 29 10 8	108 43 30 29 33 28 28 14 36 21 34 18 8 5 12 10 26 15 16 12 9 7 7 — 6 4 — 5 8 4 3 4 2 3 — 1 5 5 — 2 3 2 3	105 43 118 97 35 19 49 44 40 23 32 20 17 22 7 6 — — — — — — — — — — — — — — — — — —	46 8 8 10 13 12 6 5 9 5 8 4 2 3 7 5 7 1 13 6 3 5 2 3 	40 17 22 27 20 16 17 11 13 6 5 7 7 7 3 2
Trafalgar Nursing Home	Male Female Male Female	2 3 1 3	Ξ	$\frac{2}{2}$		1 1 —	

${\bf Institution.}$			Sex.	Total :	Deaths.	belong	aths ging to town.	belor to Car (out	ns not nging petown. ward sfers).
				Euro- pean.	Non- Euro- pean.	Euro- pean.	Non- Euro- pean.	Euro- pean.	Non- Euro- pean.
Wheatfield Nursing Home	• •		Male	3		1		ړ	_
Central Nursing Home			Female Male	1	_	1 1	_	_	_
Dunmore Nursing Home			Female Male	3 2	_	$\frac{3}{2}$	_	_	_
Dorcas Homes			Female Male	$\frac{2}{-}$	_	2	_	_	
Gardens Nursing Home			Female Male	$rac{4}{2}$	_	4 1	_	1	_
Onslow Nursing Home			Female Male	1				1	
Princess Christian Home			Female Male	3		3	_		
Ladies' Christian Home			Female Male	3		3	_	_	_
N	••	• •	Female	3	_	3	_	3	
Nazareth House	• •	• •	Male Female	$\frac{1}{2}$	_	$\frac{1}{2}$	_		
Wynberg Military Hospital	••	• •	Male Female	1		1 —	<u> </u>		1
"Vrede Oord"	••	• •	Male Female	_	1 1	_	1 1		_
Kliniek Voorwaarts	••	••	Male Female	1 1	_	_		1 1	_
Biblis Nursing Home	• •		Male Female	<u>-</u>	_	_	_	$\frac{1}{1}$	_
Rannock Nursing Home	• •		Male	_		_	- 1	<u> </u>	_
Inverugie Nursing Home			Female Male	$\begin{bmatrix} 1 \\ - \end{bmatrix}$	_	_	_		_
St. Aidan's Nursing Home	••		Female Male	1 —	_	1 -	_		
Princess Alice Home			Female Male			1 —	_	_	_
Old Men's Home		• •	Female Male	1	_	1 1	_	_	_
Magdalena Huis			Female Male				_	<u> </u>	_
Sister Nannie's Home			Female Male	_	= 1			_	_
Maitland Cottage Home	••	• •	Female	_	1 1	_	1	-1	-
	• •	• •	Male Female	_	W	_	<u> </u>		
Eaton Convalescent Home	• •	••	Male Female	_	1 —	_	_	_	1 —
Totals			Male	529	550	389	417	140	133
Institutions in other parts of	the Ur	nion	Female	347	381	266	285	81	96
of South Africa. General Hospitals		• •	Male			5			
Nursing Homes	••		Female Male			5			
Mental Hospitals			Female Male			$\begin{bmatrix} & \cdot \\ & 3 \\ & 3 \end{bmatrix}$			
montal Hospitals	••	••	Female			$\begin{bmatrix} 3 \\ 2 \end{bmatrix}$			
Totals	••		Male			9			
			Female			10			1

Of the total Capetown deaths (uncorrected) 32·9 per cent. took place in institutions, the percentage of European deaths being 46·4 and of non-European deaths 25·8. Of the deaths in Capetown institutions 450 (221 Europeans and 229 non-Europeans) did not belong to Capetown, and when corrected for outward transfers the percentages are 27·2, 40·1 and 21·0 respectively. In the previous year the corresponding figures were 25·2, 39·4 and 18·5. After including the deaths of Capetown European residents who died outside the Municipality the percentage of deaths of Capetown Europeans which took place in institutions (corrected for outward and inward transfers) becomes 40·5.

Excluded from the above figures regarding deaths in institutions are deaths which occurred in the hospitals in Langa and N'dabeni native locations. The particulars regarding these will be found in Table J, on page 130.

SEASONAL VARIATION.

In the following table deaths are arranged according to the month of registration and classified as to race and sex.

Month.		No. of	E	Suropean B.	1.	E	uropean A.		Nor	A.	ean.
		Weeks.	М.	F.	Total.	м.	F.	Total.	м.	F.	Total.
July		5	97	70	167	95	68	163	208	173	381
August		4	69	62	131	68	62	130	133	121	254
September		4	81	67	148	81	65	146	136	156	292
October		5	90	69	159	90	69	159	160	140	300
November		4	61	60	121	61	57	118	110	133	243
December		5	72	61	133	70	60	130	180	150	330
January		4	48	55	103	47	51	98	126	130	256
February		4	74	50	124	71	4 9	120	139	128	267
March		5	77	76	153	76	74	150	132	127	259
April		4	71	47	118	71	4 6	117	124	106	230
May		4	81	59	140	80	59	139	147	121	268
June	• •	5	93	75	168	91	74	165	124	148	272
Year		53	914	751	1,665	901	734	1,635	1,719	1,633	3,352

A. Corrected for outward transfers.

B. Corrected for outward and inward transfers.

The following table shows the mortality from certain leading causes of death in each month of the year (European deaths corrected for outward and inward transfers; non-European corrected for outward transfers only).

Diseases.	Race.	July (5 Weeks).	August (4 Weeks).	September (4 Weeks).	October (5 Weeks).	November (4 Weeks)	December (5 Weeks).	January (4 Weeks).	February (4 Weeks).	March (5 Weeks).	April (4 Weeks).	May (4 Weeks).	June (5 Weeks).	Year (53 Weeks.)
Enteric fever	Eur.	-	_	_	1	<u>_</u>	$\begin{array}{c} 1 \\ 2 \end{array}$	_	<u>_</u>	_	_	1		3
Smallpox	Non-E. Eur.	_						_					$\frac{2}{-}$	-6
Chicken-pox	Non-E. Eur.			_	_	_	_	_		_	_	_		_
Measles	Non-E. Eur.			_	 1	<u> </u>		_		1		_		$-\frac{3}{3}$
	Non-E.	_		-	$-\frac{1}{1}$	_	_	<u> -</u>		_	_			
Scarlet fever	Non-E.	1 —	_						1	_				3 1
Whooping cough	Eur. Non-E.	$\frac{1}{15}$	$\begin{vmatrix} 1 \\ 13 \end{vmatrix}$	$\frac{-}{25}$	$\frac{1}{28}$	1 16	$egin{array}{c} 2 \\ 24 \end{array}$	$\frac{}{22}$	$egin{array}{c} 2 \\ 16 \end{array}$	$\frac{1}{5}$	<u> </u>	6	$\frac{1}{3}$	$\begin{array}{c} 10 \\ 178 \end{array}$
Diphtheria	Eur. Non-E.	1 1	3	2 5	3	1	1	2	1	2	$-\frac{3}{1}$	-	1	10
Influenza	Eur.	7	3	7	6	2	$\frac{}{2}$		1	1	1	1	3 5	17 36
Erysipelas	Non-E. Eur.	8	10	5	3	1 —	_	1	1	_	1	$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	_	32 2
Syphilis	Non-E. Eur.	<u> </u>	1	<u> </u>	1 1	$\frac{}{2}$	$-\frac{1}{3}$	_	_	_		$-\frac{1}{2}$	 1	$\frac{2}{11}$
* *	Non-E.	15	14	5	4	6	10	5	8	8	9	9	8	101
Tuberculosis, respiratory system	Eur. Non-E.	$\begin{bmatrix} 11 \\ 50 \end{bmatrix}$	$egin{array}{c c} 10 \ 37 \end{array}$	$\begin{array}{c c} 6 \\ 43 \end{array}$	$\begin{vmatrix} 17 \\ 56 \end{vmatrix}$	$\frac{4}{51}$	$\begin{bmatrix} 9 \\ 53 \end{bmatrix}$	5 35	$egin{array}{c} 5 \ 47 \end{array}$	$\frac{9}{51}$	$\begin{vmatrix} 10 \\ 32 \end{vmatrix}$	$egin{array}{c} 10 \ 45 \end{array}$	$\begin{bmatrix} 7 \\ 43 \end{bmatrix}$	103 543
Tuberculosis, other forms	Eur.	_	4	2	1	2	1	4		2	1	1	2	20
·	Non-E.	5	3	9	14	5	7	7	11	6	10	3	6	86
Cancer, malignant	Eur.	17	20	$\frac{15}{3}$	15	18	17 15	14	15	24	19	15		214
disease Rheumatic fever	Non-E. Eur.	14	13	2	4	1	10	8	$\begin{bmatrix} 7 \\ 1 \end{bmatrix}$	14	5	9	10	111
Kneumatic lever	Non-E.	3	2	4	8	5	$\begin{bmatrix} 1\\2 \end{bmatrix}$	$\begin{bmatrix} 1 \\ 2 \end{bmatrix}$	4	3	1	1	$\begin{array}{c c} 1 \\ 1 \end{array}$	$\frac{7}{36}$
Cerebral haemorrhage,	Eur.	$\frac{3}{2}$	ī		2		$\lfloor \frac{1}{2} \rfloor$		l	3	انا	$\begin{bmatrix} 1\\2 \end{bmatrix}$	ı	14
embolism and apoplexy	Non-E.	3	_	2	ī	2				i		ī	$\frac{1}{2}$	12
Arterio-sclerosis	Eur.	27	15	17	9	20	16	19	17	10	13	$1\overline{2}$	17	192
	Non-E.	15	8	12	14	12	11	7	9	5	10	7		125
Heart disease	Eur.	35	19	$\begin{bmatrix} 29 \\ 24 \end{bmatrix}$	$\begin{bmatrix} 29 \\ 21 \end{bmatrix}$	15 12	26	10	18	29	12	31	27	280
Bronchitis, pneumonia and	Non-E. Eur.	$\begin{vmatrix} 27 \\ 16 \end{vmatrix}$	16 10	$\begin{array}{c c} 24 \\ 13 \end{array}$	$\begin{array}{c c} 21 \\ 13 \end{array}$	$\frac{12}{4}$	19 5	$\begin{array}{c c} 11 \\ 7 \end{array}$	$\begin{vmatrix} 21 \\ 10 \end{vmatrix}$	$\frac{8}{7}$	10 11	33 5		$\begin{array}{c c} 237 \\ 116 \end{array}$
pleurisy		103	55	76	60	45	42	51	46	42	51	48		666
Diarrhœa and enteritis	Eur.	4	-			3	4	5	4	6	6	$\begin{bmatrix} 10 \\ 2 \end{bmatrix}$	2	36
	Non-E.	19	15	14	11	18	61	52	30	42	33	30		351
Nephritis and Bright's	Eur.	7	3	6	7	9	7	6	9	8	4	9	9	84
disease	Non-E.	15	15	8	6	7	12	10	5	10	5	9	7	109
Puerperal fever	Eur.	1		1	1	-			_			2	-	5
Committee	Non-E.	$\frac{2}{4}$	$\begin{array}{ c c }\hline 1\\ 4 \end{array}$	$\begin{array}{c c} 1 \\ 5 \end{array}$	3 9	_		1	2	$\frac{1}{9}$	_		_	12
Congenital debility and	Eur.	4	4	J	87	4	6	4	3	$oxed{2}$	2	4	4	51
malformations, including premature birth	Non-E.	24	9	10	20	15	2 2	11	14	7	14	13	18	177
External causes	Eur.	6	5	4	5	3	8	1	12	8	5	8	7	$\frac{177}{72}$
	Non-E.	7	7	11	8	7	6	3	13	13	11	8		104

Reference to Tables K to O, on pages 131 to 135 will enable the monthly mortality figures to be compared with meteorological conditions.

SEX.

The deaths during the year under review are classified in the following table according to sex; the corresponding rates are also shown:— $\,$

	Race.	Uncor	rected.	Correct Outward	ted for Transfers.	ward an	d for Out- d Inward asfers.
		Males.	Females.	Males.	Females.	Males.	Females.
Deaths	European Non-European All Races	1,056 1,865 2,921	831 1,739 2,570	901 1,719 2,620	734 1,633 2,367	914	751
Death Rates per 1,000 population concerned.	European Non-European All Races	$ \begin{array}{c c} 14 \cdot 39 \\ 27 \cdot 09 \\ 20 \cdot 54 \end{array} $	$ \begin{vmatrix} 10.43 \\ 24.18 \\ 17.91 \end{vmatrix} $	$ \begin{array}{c c} 12 \cdot 28 \\ 24 \cdot 97 \\ 18 \cdot 42 \end{array} $	$9 \cdot 21$ $22 \cdot 71$ $16 \cdot 50$	12.46	9.42

It will be seen from the above figures that in Europeans the death-rate (corrected for outward and inward transfers) amongst males was $32\cdot3$ per cent. greater than amongst females; and in non-Europeans the death rate (corrected for outward transfers) amongst males was $10\cdot0$ per cent. greater than amongst females.

AGE OF DEATH.

The number of deaths at various ages are summarised in the following table:—

	No	o. of Death	ıs.	Percen	tage of all	Deaths.
	Male.	Female.	Total.	Male.	Female.	Total.
A. Europeans:						
Under 1 year Over 1 and under 5 years ,, 5 ,, 25 ,, ,, 25 ,, 65 ,, ,, 65 years	$\begin{array}{c} 81 \\ 21 \\ 62 \\ 414 \\ 336 \end{array}$	45 41 65 272 328	126 62 127 686 664	8.86 2.30 6.78 45.30 36.76	5 ·99 5 ·46 8 ·65 36 ·22 43 ·68	7.57 3.72 7.63 41.20 39.88
Total European deaths	914	751	1,665	100 .00	100 .00	100 .00
B. Non-Europeans:		4.00	000		20. 87	
Under 1 year	525	463	988	30.54	28 .35	29 .48
Over 1 and under 5 years , , 5 ,, 25 ,,	$\begin{bmatrix} 272 \\ 173 \end{bmatrix}$	$\begin{array}{c} 298 \\ 220 \end{array}$	570 393	$\begin{array}{c c} 15.82 \\ 10.07 \end{array}$	$\begin{array}{c c} 18.25 \\ 13.47 \end{array}$	$\begin{array}{c} 17.01 \\ 11.72 \end{array}$
$[\ \ \ ,, \ 5 \ \ \ \ ,, \ 25 \ \ ,, \ \ldots]$	575	480	1,055	33.45	29.40	31.47
, 65 years	173	171	344	10.06	$\begin{array}{ c c }\hline 10.47\end{array}$	10.26
Age unknown	1	1	2	0.06	0 .06	0.06
Total Non-European Deaths	1,719	1,633	3,352	100 .00	100 .00	100 .00

A. Corrected for outward and inward transfers.

B. Corrected for outward transfers.

From the above figures it will be seen that for the year under review the deaths under 5 years of age constitute 11·3 per cent. of all deaths in the case of Europeans, as compared with 46·5 per cent. of all deaths in the case of non-Europeans; and that the deaths under 25 years of age constitute 18·9 per cent. of all deaths in the case of Europeans, as compared with 58·2 per cent. of all deaths in the case of non-Europeans.

Infant Mortality.

In the following table are shown the deaths of infants under one year of age for the Municipality of Capetown in the year 1935-36 and the rates of infant mortality:—

	No. of Deaths under one year of age.	Deaths under one year of age per 1,000 births.
Europeans (uncorrected)	149	48 · 4
,, (corrected for outward transfers)	125	45 · 1
,, (corrected for outward and inward		
$ ext{transfers}) \qquad \dots \qquad \dots \qquad \dots$	126	$44 \cdot 8$
Non-Europeans (uncorrected)	1,018	147 •4
" (corrected for outward transfers)	988	$145 \cdot 7$
All Races (uncorrected)	1,167	116 • 9
,, ,, (corrected for outward transfers)	1,113	116 ·5

It will be seen that the non-European infant mortality rate (corrected for outward transfers) was 3.2 times as great as the European.

Table C, on page 123, the annual infant mortality rate for twenty-three years is set out in years and quinquennia.

The European infant mortality rate for the year under review was less than that of the previous year by 11 per cent. and the non-European by 0·3 per cent. The rates for the year were less than those of the preceding quinquennium by 16 per cent. and 2 per cent. respectively.

Amongst non-European infants there was, as compared with the previous year, an increase in mortality from whooping cough, and a decrease from measles and bronchitis. From measles there were no deaths in infants of either race under one year of age, the disease being in a phase of quiescence. Whooping cough, on the other hand, was extremely prevalent.

A new table has been constructed, and is given on the next page, which shows for each year since unification of the City (and for quinquennia) the infant mortality rates from various causes. It shows that two causes, viz., diarrhoea and enteritis, and bronchitis and pneumonia, account for about half of the infant mortality (more in non-Europeans and less in Europeans); and that both of these have declined, to a remarkable extent in Europeans but substantially also in non-Europeans.

The developmental diseases (congenital malformations and debility, premature birth, and "other diseases peculiar to infancy") are the other greatest cause of death; and the rates for these have also shown a substantial decrease in both races. These diseases with the diarrhoeal and respiratory diseases account for more than three-quarters of the total infant deaths.

The decrease in the mortality rate from developmental diseases may be influenced by change in methods of diagnosis, and this probably is the case in regard to the rates in the column headed "miscellaneous diseases (remainder)," which show a very great decline. For example there are nowadays fewer infant deaths certified as due to "convulsions" and to "simple meningitis." An improvement in diagnosis may also account for the increases shown in the rates of mortality from tuberculosis and syphilis.

The great bulk of the mortality from the "common infectious diseases," (shown in the first column) is caused by measles and whooping cough. The sharply epidemic character of these diseases accounts for the great annual variation in this column.

A similar table is also given on the next page, for deaths of infants aged from one to two years, over the years for which the figures are available.

The causes of infant mortality for the year will be found in Table A on pages 104 to 121, classified for race, sex and place of residence. On page 29, they are classified according to the age at death.

MORTALITY RATES PER 1,000 BIRTHS.

DEATHS OF INFANTS UNDER ONE YEAR OF AGE.

Death classification number (See Table A.)	006-		030-		04	1 2.	402-			56.	7	751 & 53.				
Cause of death.		mon tious ases.	Tuber disea		Sypl	nilis.	Bronear pneur	nd	aı	rhœa nd ritis.		elop- ntal ases.	Miscell dise (rema			tal cality uses).
Year.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.
1914-1915 1915-1916 1916-1917 1917-1918 1918-1919 1919-1920 1920-1921 1921-1922 1922-1923 1923-1924 1923-1925 1925-1926 1926-1927 1927-1929 1927-1929 1929-1930 1930-1931 1931-1932 1932-1933 1933-1934 1933-1935	$\begin{array}{c} 5 \cdot 9 \\ 0 \cdot 9 \\ 5 \cdot 4 \\ 2 \cdot 3 \\ 2 \cdot 8 \\ 2 \cdot 1 \\ 7 \cdot 07 \\ 1 \cdot 3 \\ 4 \cdot 3 \\ 5 \cdot 01 \\ 1 \cdot 7 \\ 3 \cdot 1 \\ 2 \cdot 1 \\ 4 \cdot 0 \\ 2 \cdot 1 \\ 1 \cdot 8 \\ \end{array}$	$\begin{array}{c} 12 \cdot 6 \\ 0 \cdot 8 \\ 12 \cdot 1 \\ 5 \cdot 0 \\ 4 \cdot 0 \\ 3 \cdot 6 \\ 6 \cdot 1 \\ 1 \cdot 2 \\ 4 \cdot 4 \\ 13 \cdot 9 \\ 1 \cdot 3 \\ 2 \cdot 2 \\ 6 \cdot 3 \\ 6 \cdot 4 \\ 3 \cdot 9 \\ 1 \cdot 2 \\ 4 \cdot 2 \\ 4 \cdot 2 \\ 4 \cdot 3 \\ 3 \cdot 6 \\ 4 \cdot 9 \\ 11 \cdot 8 \\ \end{array}$	$\begin{array}{c} 1 \cdot 7 \\ 1 \cdot 8 \\ 4 \cdot 5 \\ 1 \cdot 2 \\ 0 \cdot 9 \\ 0 \cdot 8 \\ 0 \cdot 4 \\ 1 \cdot 2 \\ 0 \cdot 4 \\ 0 \cdot 9 \\ 1 \cdot 4 \\ 0 \cdot 9 \\ 1 \cdot 7 \\ 0 \cdot 7 \\ 1 \cdot 7 \\ 0 \cdot 7 \\ 2 \cdot 4 \\ 0 \cdot 8 \\ 0 \cdot 4 \\ 1 \cdot 1 \\ \end{array}$	$\begin{array}{c} 3 \cdot 4 \\ 1 \cdot 9 \\ 2 \cdot 5 \\ 1 \cdot 9 \\ 2 \cdot 8 \\ 2 \cdot 2 \cdot 1 \\ 0 \cdot 9 \\ 3 \cdot 3 \\ 2 \cdot 9 \\ 4 \cdot 1 \\ 3 \cdot 6 \\ 5 \cdot 9 \\ 6 \cdot 0 \\ 4 \cdot 5 \\ 4 \cdot 1 \\ 3 \cdot 1 \\ \end{array}$	$\begin{array}{c} 0.4 \\ 0.4 \\ 1.7 \\ 1.6 \\ 1.8 \\ 0.4 \\ 1.6 \\ 0.8 \\ 0.4 \\ 1.7 \\ 0.9 \\ 1.1 \\ 2.5 \\ 1.0 \\ 3.1 \\ 1.4 \\ 0.8 \\ 0.8 \\ 0.4 \\$	$\begin{array}{c} 5 \cdot 9 \\ 7 \cdot 6 \\ 8 \cdot 2 \\ 12 \cdot 1 \\ 7 \cdot 0 \\ 7 \cdot 7 \\ 11 \cdot 9 \\ 9 \cdot 4 \\ 5 \cdot 6 \\ 9 \cdot 7 \\ 10 \cdot 4 \\ 10 \cdot 7 \\ 12 \cdot 5 \\ 14 \cdot 5 \\ 11 \cdot 2 \\ 15 \cdot 7 \\ 10 \cdot 2 \\ 9 \cdot 3 \\ 9 \cdot 6 \\ 8 \cdot 6 \\ \end{array}$	$\begin{array}{c} 11 \cdot 3 \\ 9 \cdot 7 \\ 14 \cdot 0 \\ 5 \cdot 7 \\ 19 \cdot 9 \\ 13 \cdot 9 \\ 15 \cdot 4 \\ 10 \cdot 8 \\ 15 \cdot 0 \\ 8 \cdot 6 \\ 4 \cdot 2 \\ 9 \cdot 0 \\ 11 \cdot 5 \\ 14 \cdot 4 \\ 11 \cdot 0 \\ 8 \cdot 2 \\ 9 \cdot 2 \\ 12 \cdot 9 \\ 5 \cdot 6 \\ 3 \cdot 9 \\ 8 \cdot 2 \\ 5 \cdot 8 \\ \end{array}$	48 · 5 43 · 8 50 · 4 77 · 3 52 · 5 61 · 0 65 · 2 57 · 7 44 · 5 59 · 8 62 · 5 38 · 4 44 · 2 43 · 4 47 · 6 40 · 4	$\begin{array}{c} 31 \cdot 0 \\ 29 \cdot 4 \\ 23 \cdot 1 \\ 27 \cdot 7 \\ 35 \cdot 3 \\ 25 \cdot 9 \\ 22 \cdot 4 \\ 21 \cdot 7 \\ 25 \cdot 0 \\ 27 \cdot 1 \\ 23 \cdot 6 \\ 19 \cdot 2 \\ 9 \cdot 3 \\ 14 \cdot 7 \\ 15 \cdot 2 \\ 17 \cdot 8 \\ 11 \cdot 1 \\ 9 \cdot 4 \\ 9 \cdot 0 \\ 6 \cdot 9 \end{array}$	63 · 6 57 · 6 57 · 6 53 · 2 59 · 6 47 · 9 44 · 6 54 · 1 50 · 7 58 · 9 58 · 1 42 · 4 43 · 9 43 · 8 38 · 2 38 · 2	33·1 24·6 26·0 28·6 21·9 22·4 28·4 20·1 18·9 22·6 21·2 20·3 22·8 23·7 24·1 16·0 21·7 21·0	58 · 5 51 · 4 48 · 0 49 · 2 41 · 0 40 · 6 35 · 8 39 · 0 34 · 2 40 · 5 39 · 0 36 · 7 40 · 0 38 · 4 35 · 8 30 · 2 28 · 5 28 · 9	$\begin{array}{c} 17 \cdot 2 \\ 12 \cdot 7 \\ 12 \cdot 0 \\ 14 \cdot 7 \\ 25 \cdot 8 \\ 15 \cdot 9 \\ 10 \cdot 8 \\ 13 \cdot 4 \\ 11 \cdot 1 \\ 10 \cdot 3 \\ 8 \cdot 1 \\ 7 \cdot 9 \cdot 3 \\ 11 \cdot 6 \\ 9 \cdot 2 \\ 8 \cdot 0 \\ 8 \cdot 3 \\ 3 \cdot 9 \\ 8 \cdot 6 \\ 8 \cdot 3 \\ \end{array}$	$\begin{array}{c} 32 \cdot 1 \\ 26 \cdot 2 \\ 36 \cdot 9 \\ 30 \cdot 6 \\ 98 \cdot 1 \\ 29 \cdot 0 \\ 426 \cdot 5 \\ 30 \cdot 7 \\ 18 \cdot 0 \\ 21 \cdot 3 \\ 16 \cdot 5 \\ 21 \cdot 3 \\ 17 \cdot 8 \\ 16 \cdot 4 \\ 20 \cdot 5 \\ 16 \cdot$	$\begin{array}{c} 100 \cdot 4 \\ 79 \cdot 1 \\ 79 \cdot 1 \\ 114 \cdot 6 \\ 81 \cdot 5 \\ 69 \cdot 5 \\ 80 \cdot 4 \\ 72 \cdot 4 \\ 60 \cdot 3 \\ 61 \cdot 2 \\ 67 \cdot 4 \\ 60 \cdot 7 \\ 65 \cdot 0 \\ 67 \cdot 1 \\ 83 \cdot 8 \\ 45 \cdot 1 \\ \end{array}$	224 ·4 189 ·3 226 ·7 200 ·9 297 ·8 183 ·8 231 ·7 173 ·3 196 ·4 187 ·3 175 ·5 186 ·6 190 ·6 155 ·8 167 ·7 143 ·8 133 ·3 146 ·2 145 ·7
Quinquennium *1916-1917 to 1920-1921 1921-1922 to	3 ·3	6.6	1 · 7	2 ·2	1.1	9.9	12 ·3	55 ·1	28 ·1	58 • 7	29 .0	47 ·2	15 ·2	32 ·1	90 ·8	211 ·7
1925-1926 1926-1927 to 1930-1931 1931-1932 to	2 · 4 3 · 2	4·6 4·3	0·9 1·1	2 · 4 4 · 3	1·0 1·7	8·7 11·9	9 · 6 10 · 8	53 · 4 47 · 2	23·9 14·6	54 · 4 46 · 7	23 ·0 22 ·1	39·7 37·6	9 · 3	22 ·8 18 ·6	71 ·9 62 ·7	181 ·6 169 ·4
1935-1936	2.0	5 • 5	1.1	4 · 4	0.8	10 .6	7 · 4	41 ·3	11.0	39 • 9	20 .0	31.6	7 . 5	13 •9	49.6	147 ·2

^{*}Year of influenza epidemic 1918-1919 excluded (4 years only). City extended by incorporation of Wynberg 1927-1928.

MORTALITY RATES PER 1,000 BIRTHS. *

Deaths of Infants from 1-2 years of age.

Death elassification number (See Table A.)	006-	011.	030-	030-040.		12.	402-	406.	45	56.	700-75 75	51 &				
Cause of death.	Com infee disc			Tuberculous diseases.		nilis.	Bronehitis and pneumonia.		Diarrhœa and enteritis.		Develop- mental diseases.		Miseell dise (rema		ınor	otal tality auses).
Year.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur:	Eur.	Non- Eur.	Eur.	Non- Eur.	Eur.	Non- Eur.
1924-1925 1925-1926 1926-1927 1927-1928 1928-1929 1930-1931 1931-1932 1932-1933 1933-1934 1934-1935 1935-1936	0·4 0·5 3·2 2·3 4·6 3·0 0·7 2·2 1·5 2·1 1·6 3·0	1 ·9 3 ·8 8 ·6 8 ·3 4 ·9 3 ·8 7 ·2 6 ·8 2 ·5 3 ·0 8 ·2 10 ·4		6·7 6·5 7·8 7·0 6·2 8·6 8·9 5·1 8·5 7·2		2·2 0·5 0·5 1·0 1·1 0·8 2·0 2·5 1·5 2·8 1·9	2·2 3·7 4·1 5·0 2·7 3·4 1·8 3·3 4·1 2·5 4·8	22 ·8 31 ·4 35 ·9 36 ·0 27 ·9 25 ·8 21 ·9 26 ·6 19 ·0 25 ·3 30 ·4 22 ·2	8·4 5·0 5·5 7·3 4·2 4·3 2·3 2·3 4·6 6	39·5 32·7 33·2 23·0 24·6 23·4 19·5 26·0 12·2 25·9 19·4 12·8	0·9 0·5 0·4 0·8 0·8 0·4 0·4	0·3 0·5 0·3 0·8 1·1 0·4 0·2 0·8 0·7 0·2	2.7 2.8 2.2.7 2.4 2.5.5 4.1 2.2.2 2.2.2	7·5 5·3 7·0 9·8 10·2 8·0 7·8 8·9 6·8 6·1 7·8	13·7 13·7 16·5 20·1 15·3 16·3 9·1 10·5 13·5 13·3 12·1 12·9	80 ·9 80 ·7 93 ·3 85 ·7 75 ·9 70 ·2 64 ·5 79 ·7 47 ·3 73 ·5 74 ·1 62 ·2
Quinquennium 1926-1927 to 1930-1931 1931-1932 to 1935-1936	2·8 2·1	6 · 4	1 · 1	6 · 9	_ _	1 · 1 2 · 1	3·3 3·7	28 ·9	4·8 2·5	24·3 19·2	0·3 0·2	0.6	$2 \cdot 9$ $3 \cdot 0$	8.6	15·2 12·4	76·7 67·4

^{*} The rate for the year is calculated on the births (less the deaths under one year) in the previous year. City extended by incorporation of Wynberg 1927-1928.

DEATHS OF INFANTS UNDER 1 YEAR OF AGE, CLASSIFIED AS TO RACE, AGE, AND CAUSE OF DEATH, CORRECTED FOR OUTWARD TRANSFERS.

			V			· · · · · · · · · · · · · · · · · · ·				7				LIVID		י מכי אדי							-10			
EUROPEAN. Total corrected for outward and inward transfers.	Persons	1	1	4	П	1	c1	1	1	-	1	1	-	c1	14	20	80	ಸಂ	36	7	6			14	126	126
ROP al cor outwi	F	1	1	က	-	1	1	1	1	П	1				e0	1-	7	н	16	63	4			9	45	45
EU Tota for inwa	×	1		1			61		1			н	-	61	11	13	-1	4	20	20	70	,		∞	81	81
Lyear	Persons	1	11	78	не1		Ø173	1	15	58		1 6	19	84.8	$\begin{array}{c} 14 \\ 168 \end{array}$	19 259	19	5 26	36 128	18	23			14 79	125 988	1,113
TOTAL Under one year	H			ີຕິ∞ ຕິ	7		61	 		24			1 g	<u> </u> 38 	92	7	<u>пс</u>		16	0110	9	1 1	1 1	34	45 463	508 1
T Undel	×		11	40 40	61		6100	<u> </u>	-1 t-	34		H 20	101	46	111	308	7-11	481	20 67	13	14			824	80 525 4	909 2
admom \$1	12			6	1-				67	-	11		<u> </u>	41	15	19 1		1		1 1				619	59 55	61 66
endam II	=	11	11	w		_ <u></u> 				<u> </u>		11			17	14		<u> </u>						2 2 2	2 44 5	46 6
Under 10 months Under	2	1	11	6					14		11	27	11	9		16	11	-						100	66	71 4
Under 9 months.	0	1.1	1.1	∞	1"		1	11	1-	1-	11	11		71	 0	1 26	11	67						9	62	65
Under 8 months.	∞	11	11	9	7	11		11				нн	11	18	13	242	11		1					∞	5	7.1
Under 7 months.	7	11		C1 4	11	11	101	11	1 00	19	11	1-	11	77	3	36	1 i	=			11			0 1	978	96
Under 6 months.	ဗ	11	11	10	11	11	11	11	100	1 80	11	11	04	၂ မ	141	29	нн	11		11	11	11	1	¢1	3 67	20
Under 5 months,	2	11	11	8		11	11	11	1-	4	11	11	61	18	12	325	es	11	11	11	11	11		12	82	87
Under 4 months.	4	11	11	6170	11	11			11	14	11	11	27	∞	11.8	34	11	01		1	11		11	1 2	13	82
Under 3 months.	က	11	11	18	11	11	11	11	11	1=	11	1-	4	10	123	18	27 1	H 44	17	11	11	11	11	7.7	86	91
Over 4 weeks 2 months.	2	u	11	9	11	11				∞	11	"	3 1		13	17	 	11	18	11	1	11		12	62	29
Total under 4 weeks.	П	11	11	60		11			11	1 16	11	11	4	-	9	127	13	15	35 119	18	22	11	11	14	68 233	301
¶ weeks.	4	11	11	67	11	11	11			1 64	11	11	11		4			11	73.44	11	1-	11	11	67	16	21
Under 3 weeks.	က	11	11	-		11		11	11	61					~	-	2	61	15	11	60	11	11	101	283	31
Under S Weeks	61	11	111	111		11	11			120		11	4	11		-		60	18	60	0101	11	11	21-	10	48
Total under i week.	-	11	11	11	11	11	11			12	11	11	11			11	10	10	25 82	15	16		11	100 C	50 151	201
Under 7 days.	~	11	111				11			1	11		11	-		11	01	11	4	11	12	i i	11	пп	211	13
Under 6 days.	9		111							11				11		111		11	100	11	11	11	11	11	100	3
Under S days.	10																	%	1 1 2	67	14	11	11	- 1	123	15
3 days. Under 4 days.	4											[]]						1 1 67	4.0		61			1 80	17	24
2 days. Under 3 days.	60									1 60				<u> </u>			1 1 00	-	124	014				67	247	31
1 day.	61] [] 	111	111]	<u> </u>				1 1 1							1 - 61	21	44	44				35	49
Tabuti	-	B	E	6	E	- FB	6	Ei		E	Bi	Bi	E				 	1 - 65	3. 34	2	2 4		111	6100	17 . 49	99
RACE.		Eur. Non-E.	Eur. Non-E	Eur. Non-E.	Eur. Non-E.	Eur. Non-E.	Eur. Non-E.	Bur. Non-E.	Eur. Non-E.	Eur. Non-E.	Eur. Non-E.	Eur. Non-E.	Eur. Non-E.	Eur. Non-E.	Eur. Non-E.	Eur. Non-E.	Eur. Non-E.	Eur. Non-E.	Eur. Non-E.	Eur. Non-E.	Eur. Non-E.	Eur. Non-E.	Eur. Non-E.	Eur. Non-E.	Eur. Non-E.	All Races.
		:	:	:		:	ngeal	minal		:	:	:	:	:	ms	ritis	:	:	:	:	liar 	ng)	:	:	:	
SE.		:	:	ıgh		:	meningeal	abdominal	other	:	:	gitis	:	:	all forms	enteritis	DB	bility	th th	р	pecui	(overlying)	nts	:	:	
DISEASE.		:	ever	ng cough	ria	as					:	menin	ons	is		a and	al matio	al del	re bir	t birth	eascs 7 infa		- infants	causes	F	
		Measles	Scarlet fever	Whooping	Diphtheria	Erysipelas	Tuberculosis,	Tuberculosis,	Tuberculosis, forms.	Syphilis	Rickets	Simple meningitis	Convulsions	Bronchitis	Pneumonia,	Diarrhoea and	Congenital malformations	Congenital debility	Premature birth	Injury at	Other diseases peculiar to early infancy	Suffocation	Neglect -	Other cau	TOTALS	
noitestion No.	CI	800	S 600	010	011	022 F	031 1	032 1	030,033 T	042	157	301	311	402 to 403A	404 to F	-	700 to C	750 C	751 P	752 II	753 0	Part St	893 N	0		
		1						1	0.43																	

Amongst European infants 40.0 per cent. of the deaths under one year occurred in the first week of life, and 54.4 per cent. in the first month. Amongst the non-European infants the percentages were 15.3 in the first week and 23.6 in the first month.

In the next table the infant deaths are arranged according to the month of registration. They are also classified for race and sex.

Month.	No. of weeks.	E	luropean B.	1.	F	Europear A.	ı.	Non-European. A.			
		М.	F.	Total.	М.	F.	Total.	м.	F.	Total.	
July	5	6	2	8	6	2	8	61	42	103	
August	4	2	6	8	2	6	8	35	37	72	
September	4	8	6	14	8	6	14	35	32	67	
October	5	9	4	13	9	4	13	44	39	83	
November	4	9	1	10	9	1	10	39	35	74	
December	5	8	6	14	8	6	14	67	51	118	
January	4	3	5	8	3	5	8	42	48	90	
February	4	9	3	12	8	3	11	40	39	79	
March	5	5	3	8	5	3	8	41	37	78	
April	4	7	1	8	7	1	8	42	34	76	
May	4	5	3	8	5	3	8	46	34	80	
June	5	10	5	15	10	5	15	33	35	68	
Year	53	81	45	126	80	45	125	525	463	988	

A. Corrected for outward transfers.

B. Corrected for outward and inward transfers.

In European infants the difference in mortality between the summer half of the year (October to March) and the winter half was slight, and there was no special increase at midsummer. In non-European infants there was more mortality during the summer half, and the mortality was greatest in December and January.

In the following table the quarterly figures (annual infant mortality rates corrected for outward transfers) are shown:—

Quarters.	European.	Non-European.
July, August and September, 1935	41.7	139·1
October, November and December, 1935	48.7	$153 \cdot 2$
January, February and March, 1936	41.0	150 • 0
April, May and June, 1936	49.1	140.0

The next table is designed to show the infant mortality for the year under report (corrected for outward transfers) amongst legitimate and illegitimate infants respectively:—

	European.	Non- European.	All Races.
Number of Legitimate Births	2,619	5,291	7,910
Number of Legitimate Deaths under one year of age	115	706	821
Infant Mortality (Legitimate) per 1,000 Births	43.9	133.4	103.8
Number of Illegitimate Births	150	1,491	1,641
Number of Illegitimate Deaths under one year of age	10	282	292
Infant Mortality (Illegitimate) per 1,000 Births	66.7	189 · 1	17.97

In Table D, on page 124, the infant mortality figures will be found classified for wards and race.

The native locations of Langa and N'dabeni are not included in the foregoing figures with regard to infant mortality. Particulars regarding the locations will be found in Table J, on page 130.

MATERNAL MORTALITY.

The following table shows the number of deaths of women which occurred in the year 1935-36 from causes connected with pregnancy and the puerperium, classified for causes and for race, and the corresponding mortality rates per 1,000 live births (corrected for outward transfers):—

		Deaths.		Maternal 1,0	mortality 00 live bir	rates per ths.
	Eur.	Non-E.	All Races.	Eur.	Non-E.	All Races.
Puerperal septicæmia	5	12	17	1 .81	1 .77	1 .78
Abortion, ectopic gestation and other accidents of pregnancy Puerperal albuminuria and	2	7	. 9	0 .72	1.03	0 .94
convulsions	1	3	4	0.36	0 .44	0.42
Puerperal hæmorrhage and other accidents of labour	1	7	8	0.36	1.03	0.84
Other puerperal conditions	2	-	2	0.72	-	0 .21
All causes, other than puerperal septicæmia	6	17	23	2 ·16	2 · 50	$2\cdot 41$
Total	11	29	40	3 · 97	4 ·27	4 ·19

In the following table the annual maternal mortality rates (per 1,000 live births) for the Municipality are shown for a series of years:—

	Puerpe	ral Septi	cæmia.	Ot	her Caus	ses.	£	All Cause	es.
	Eur.	Non-E.	All Races.	Eur.	Non-E.	Ail Races.	Eur.	Non-E.	All Races.
A. 1914-15 to 1918-19 1919-20 to 1923-24 1924-25 to 1928-29 1929-30 to 1933-34 1934-35 1935-36	0 · 59 1 · 76 1 · 08 0 · 89 1 · 64 1 · 44	$ \begin{array}{c cccc} & 1 \cdot 30 \\ & 1 \cdot 20 \\ & 2 \cdot 10 \\ & 1 \cdot 27 \\ & 1 \cdot 42 \\ & 1 \cdot 62 \end{array} $	1 ·02 1 ·40 1 ·76 1 ·15 1 ·48 1 ·57	2 ·13 2 ·84 1 ·66 2 ·83 2 · 05 1 · 44	3.55 2.16 3.62 2.94 2.53 2.06	$ \begin{array}{c} 2 \cdot 98 \\ 2 \cdot 41 \\ 2 \cdot 99 \\ 2 \cdot 91 \\ 2 \cdot 39 \\ 1 \cdot 88 \end{array} $	2 ·72 4 ·60 2 ·74 3 ·72 3 · 69 2 · 88	$ \begin{array}{r} 4 \cdot 85 \\ 3 \cdot 36 \\ 5 \cdot 72 \\ 4 \cdot 21 \\ 3 \cdot 95 \\ 3 \cdot 68 \end{array} $	4 ·00 3 ·81 4 ·73 4 ·06 3 ·88 3 ·45
B. 1927-28	$ \begin{array}{c} 1 \cdot 44 \\ 1 \cdot 78 \\ 0 \cdot 68 \\ 2 \cdot 03 \\ 0 \cdot 35 \\ 0 \cdot 79 \\ 0 \cdot 78 \\ 1 \cdot 64 \\ 1 \cdot 81 \end{array} $	1 · 79 1 · 18 1 · 52 1 · 28 1 · 57 0 · 97 1 · 05 1 · 90 1 · 77	1 ·67 1 ·37 1 ·24 1 ·52 1 ·19 0 ·92 0 ·98 1 ·82 1 ·78	$ \begin{array}{c} 1 \cdot 08 \\ 1 \cdot 42 \\ 2 \cdot 73 \\ 2 \cdot 71 \\ 4 \cdot 20 \\ 2 \cdot 78 \\ 2 \cdot 73 \\ 2 \cdot 05 \\ 2 \cdot 16 \end{array} $	3 ·22 3 ·53 3 ·04 2 ·56 2 ·82 4 ·04 3 ·16 2 ·84 2 ·50	2 · 51 2 · 85 2 · 94 2 · 61 3 · 25 3 · 68 3 · 04 2 · 62 2 · 41	2 ·51 3 ·20 3 ·41 4 ·74 4 ·55 3 ·57 3 ·51 3 ·69 3 ·97	$5 \cdot 01$ $4 \cdot 71$ $4 \cdot 56$ $3 \cdot 84$ $4 \cdot 39$ $5 \cdot 01$ $4 \cdot 21$ $4 \cdot 74$ $4 \cdot 27$	4 ·18 4 ·22 4 ·18 4 ·13 4 ·44 4 ·60 4 ·02 4 ·45 4 ·19

A. Municipality exclusive of Ward 15 (Wynberg). B. Extended Municipality.

SECTION III.—INFECTIOUS AND OTHER DISEASES.

The number of notifications of compulsorily notifiable diseases that were received during the year under review was as follows:—

	Uncor- rected.	Corrected.		Cases brought into Capetown municipal area for hospital treatment, corrected		Cases in native loca- tions of Langa	
Disease.		For errors of diagnosis.	For errors of diagnosis and	for errors	and N'dabeni corrected for errors of diag- nosis and by exclusion of imported		
			by exclusion of imported cases.	From areas of outside authorities.	From ships in Cape- town Har- bour.	cases (not included in foregoing columns).	
Diphtheria Scarlet fever Enteric fever Puerperal fever Erysipelas Cerebrospinal fever Infective encephalitis Acute poliomyelitis Leprosy Typhus fever	377 634 115 104 95 73 10 7	313 635 80 96 93 11 7 4 1	311 630 73 96 93 10 7 4 1	56 16 28 18 5 3 —	- 2 1 - - 1 - -	2 1 4 1 1 1	
Anthrax Ophthalmia neonatorum * Trachoma Lead poisoning Influenzal pneumonia Acute primary pneumonia Tuberculosis, respiratory system Tuberculosis, other forms	266 8 1 121 605 1,092 158	266 8 1 120 613 1,068 178	266 6 1 120 613 1,031 172	$ \begin{array}{r} $	- - - 2 3 -	 3 2 4 19 7	
Totals	3,670	3,496	3,436	289	9	45	

^{*} Including cases of gonorrheal ophthalmia not in newly born.

No cases were reported of the following notifiable diseases: Asiatic cholera, smallpox, plague, glanders, Malta fever, rabies, human trypanosomiasis and yellow fever.

In Tables F, G and H, on pages 126, 127 and 128, the notified cases (corrected) are classified:—

Table F.—In months, according to the date of notification certificate, and by race and sex.

Table G.—In wards and by race and sex.

Table H.—In age-groups and by race and sex.

The number of cases notified during a series of past years is set out in Table I, on page 129, and corresponding information will be found in regard to deaths from these and certain other infectious diseases in the tables on pages 21 and 22.

Other statistical details as to deaths from infectious diseases are contained in Table A, on page 106, and in the table on page 25.

CITY INFECTIOUS DISEASES HOSPITALS.

The annual report of the Medical Superintendent of Hospitals will be found on pages 94 to 102.

The City Hospital for Infectious Diseases, Portswood Road, Capetown, contains accommodation for 300 patients.

A (daily) average of 38 beds were occupied during the year under report by cases from outside the municipal area, viz, 18 European (including 5 of tuberculosis) and 20 non-European (including 11 of tuberculosis).

In last year's annual report reference was made to the insufficiency of the hospital for tuberculosis and for infectious diseases generally, and to the extension scheme that had been adopted by the Council and approved by the Minister of Public Health, estimated to cost £100,000, of which the Government will contribute one-half. The extended hospital is to provide accommodation for 447 beds, notwithstanding a reduction of the number in some of the existing wards.

During the year under report the following items were put in hand:—

- (a) The extension of the new nurses' home to increase the number of bedrooms there from 32 to 106, and to provide dining-room, kitchen, etc., lounges, lecture room, etc.
- (b) A new two-storey isolation block, comprising 16 two-bed wards, each with its own bathroom and apartment containing w.c. and slop sink.
- (c) Alterations and extensions of the old discharge block to provide an adequate dispensary and drug store.

Item (c) was finished and the dispensary and drug store brought into use by the end of May, 1936, and the other items have been completed and further extensions put in hand since the end of the year.

At the Isolation Hospital, Rentzkie's Farm, there are 42 beds. Adjacent to the latter hospital is the Union Health Department's isolation hospital and quarantine station for use in connection with the Port Health Administration and for other purposes, which provides accommodation for 52 patients and 87 contacts in addition to an emergency hospital block for 24 patients. The whole of the accommodation at Rentzkie's Farm is administered by the City Health Department.

AMBULANCE AND DISINFECTING STATION.

This is situated in the grounds of the City Hospital, Portswood Road. There is garage accommodation, in which are housed (beside other departmental cars) two ambulances for the removal of cases of infectious disease, two vans for the transport of infectious and disinfected bedding, and one van for the distribution of supplies to the hospitals and clinics.

The disinfecting station comprises two Equifex steam disinfectors.

The ambulance and disinfecting service is staffed by two removal officers, three motor drivers and two labourers. This staff is also responsible for the disinfecting of houses and other premises for infectious diseases and other conditions. A mechanic, assisted by a labourer, is in charge of the disinfecting station, and supervises the machinery of the hospital laundry and the hospital sewage-chlorination plant. The disinfection of bedding, etc., for the City Hospital is also done at the disinfecting station.

There is another Equifex steam disinfector at Rentzkie's Farm Hospital provided for the needs of that hospital but available in emergency for the purposes of the City health administration.

The work done during the year by the ambulance and disinfecting service is indicated by the following figures:—

	e journeys turn).	${\bf Disinfections.}$				
To City Hospital. To other hospitals or premises.	Prem	nises.	Arti	destroyed.		
	For tuber- culosis.	For other infectious diseases.	For tuber- culosis.	For other infectious diseases.	Articles	
1,479	261	900	1,327	4,086	10,461	491

The distance covered during the year by the vans and ambulances was 52,828 miles.

CLEANSING STATION.

A station is equipped for the cleansing of verminous persons at 116, Aspeling Street. It is a small three-roomed house fitted with two baths, steam disinfector and drying closet. Cases of scabies are treated with sulphur baths or by hot baths and sulphur application. The work done during the year ended 30th June, 1936, is indicated in the following table:—

	First Attendances.				Total Attendances.			
Persons.	Scabies.	Body Lice.	Head Lice only.	Total.	Scabies.	Body Lice.	Head Lice only.	Total.
Children under 16 years of age: European boys European girls Non-European boys Non-European girls	119 140 404 461	 	2 11 7 17	121 151 411 478	331 402 1,110 1,307	_ _ _	2 27 12 32	333 429 1,122 1,339
Total children	1,124		37	1,161	3,150		73	3,223
Adults: European males European females Non-European males Non-European females Total adults	47 64 51 159 321	2 - - 2		49 65 51 160 325	131 195 148 460 934	4 — — 4		135 198 148 462
Total Persons: European Non-European All Races	370 1,075 1,445	$\frac{2}{2}$	14 25 39	386 1,100 1,486	1,059 3,025 4,084	4 4	32 46 78	1,095 3,071 4,166

N.B.—Many of the cases of scabies were infested also with lice.

TUBERCULOSIS.

The new cases of tuberculosis notified during the year ended 30th June, 1936, corrected for misdiagnosis and imported cases, numbered 1,203 (185 European and 1,018 non-European). These included 1,031 cases of tuberculosis of the respiratory system (164 European and 867 non-European) and 172 cases of other forms of tuberculosis (21 European and 151 non-European).

The original number of cases notified was 1,250, of which 1,092 (180 European and 912 non-European) were reported as pulmonary cases, and 158 (21 European and 137 non-European) as other forms of tuberculosis.

28 of those notified as pulmonary cases (8 European and 20 non-European) and 7 of those notified as suffering from other forms of tuberculosis (3 European and 4 non-European) were found in the City Hospital not to be suffering from tuberculosis.

4 cases (non-European) admitted to the City Hospital notified as suffering from other diseases were found to be suffering from pulmonary tuberculosis and 27 (3 European and 24 non-European) from other forms of tuberculosis. Of these 27, 20 (1 European and 19 non-European) were cases of tubercular meningitis.

37 of the notified cases (corrected) of pulmonary tuberculosis (8 European and 29 non-European) and 6 (non-European) of other forms of tuberculosis had come to Capetown already suffering from tuberculosis.

In addition to the cases enumerated above there were 69 patients (15 European and 54 non-European) admitted to the City Hospital or other hospitals from outside the Municipality and from ships in the harbour diagnosed as suffering from pulmonary tuberculosis, and 35 patients (6 European and 29 non-European) diagnosed as suffering from other forms of tuberculosis. After correction for errors of diagnosis the actual number of such cases was 62 of pulmonary tuberculosis (14 European and 48 non-European) and 34 of other forms of tuberculosis (6 European and 28 non-European).

The new notifications, corrected for misdiagnosis and imported cases, are classified for race, sex and form of disease, as follows:—

	European,			No	n-Europ	ean.	A	ll Race	s.
	м.	F.	Total.	M.	F.	Total.	М.	F.	Total.
Other forms	 $\begin{array}{c c} \hline 92 \\ 12 \\ \end{array}$	72 9	164 21	426 81	441 70	867 151	518 93	513 79	1,031 172
Total	 104	81	185	507	511	1,018	611	592	1,203

These figures are equivalent to incidence rates per 1,000 population concerned as set out below:

		European.			Non-European.			All Races.		
	M.	F.	Total.	М.	F.	Total.	M. F.		Total.	
Pulmonary Other forms	$\begin{array}{ c c c }\hline 1 \cdot 27 \\ 0 \cdot 17 \\ \end{array}$	0 ·92 0 ·11	1·09 0·14	6 ·27 1 ·19	6 ·21 0 ·99	6 ·24 1 ·09	3·69 0·66	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	$\begin{bmatrix} 3.56 \\ 0.59 \end{bmatrix}$	
Total	1 ·44	1.03	1 .23	7 ·46	7 ·20	7 ·33	4 ·35	3 .96	4 ·15	

The deaths from tuberculosis during the year were as follows:—

	*]	* European.			on-Euro	pean.	1 1	All Race	es.
	м.	F.	Total.	м.	F.	Total.	м.	F.	Total.
Respiratory System Other forms	53 12	50 8	103 20	265 51	278 35	543 86	317 63	327 43	644 106
Total	65	58	123	316	313	629	380	370	750

^{*} Corrected for outward and inward transfers. † Corrected for outward transfers only.

These figures are equivalent to death rates per 1,000 population concerned as set out below:

	*European.			† Nor	n-Europe	ean.	† A!	3.	
·	м.	F.	Total.	м.	F.	Total.	м.	F.	Total.
Respiratory System Other Forms	0 ·72 0 ·16	0 ·63 0 ·10	0·67 0·13	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	3 ·87 0 ·49	3·86 0·61	2 ·23 0 ·44	2·28 0·30	$ \begin{array}{c c} \hline 2 \cdot 19 \\ 0 \cdot 36 \end{array} $
Total	0 .88	0 .73	0 .80	4 .59	4 ·36	4 · 47	2 .67	2 .58	2.55

^{*} Corrected for outward and inward transfers.

There were 17 deaths from tuberculosis in the native locations of Langa and N'dabeni (excluded from the above figures) and of these 6 males and 6 females died of phthisis and the remaining 5 cases (3 males and 2 females) died of other forms of tuberculosis. The number of cases of tuberculosis notified from the locations will be found in Table J, on page 130.

The tuberculosis death rate amongst non-Europeans was 5.7 times as great as that amongst Europeans (corrected for outward transfers). In Europeans the death rate amongst males was 1.2 times as great as amongst females and in non-Europeans 1.1 times as great.

The age distribution of deaths is shown in Table A, on page 106, from which it will be seen that for tuberculosis of the respiratory system 81 per cent. of the European deaths and 75 per cent. of the non-European deaths were in persons aged from 15 to 55 years, while in the case of other forms of tuberculosis 55 of the 86 deaths of non-Europeans were of children under 5 years of age and 6 of the 20 European deaths. There were 2 deaths from tuberculosis of the respiratory system amongst Europeans under 5 years of age and 65 (or 12 per cent. of the number of all ages) amongst non-Europeans under 5.*

[†] Corrected for outward transfers only.

^{*} In this paragraph the figures for Europeans are corrected for inward and outward transfers and those for non-Europeans for outward transfers only. The deaths of residents in the native locations of Langa and N'dabeni are not included.

The notifications of cases of non-pulmonary tuberculosis during the year under review, corrected for imported cases and errors of diagnosis, are classified below according to the parts of the body affected:—

					Euro	pean.	Non-Eu	ropean.	Total.
					Male.	Female.	Male.	Female.	
Meninges	• •				7	3	33	26	69
Abdominal†					2	3	5	2	12
Bones and joint	S				2	1	30	26	59
Glands					1	_	4	8	13
Genito-urinary s	ystem	٠.		}		_	_	1	1
					_	l —	1	(X	1
Disseminated	• •	• •	• •	• • •	_	2	8	7	17
	\mathbf{T}	otal	• •	• •	12	9	81	70	172

[†] Includes tabes mesenterica and tuberculosis of bowels, peritoneum and abdominal or mesenteric glands.

The deaths from non-pulmonary tuberculosis registered during the year (corrected for outward transfers) are similarly classified below according to death certification:—

		Euro	opean.	Non-E	uropean.	
		Male.	Female.	Male.	Female.	Total.
Tuberculosis,	meningeal	8	4	31	21	64
• •	abdominal	1		4	2	7
7,2	of bones and joints	1	1	5	2	9
,,	of lymphatic system	1		1	2	4
, ,	of the genito-urinary					
	system		1 - 1		1	1
,,	of other organs		l 0	_		_
,,	disseminated	1	3	10	7	21
	Total	12	8	51	35	106

These deaths are further classified in Table A, on pages 106 and 107.

The following tables show the length of residence in the City of Capetown of cases notified during the year 1935-36 and not fatal up to the end of the year, and of all cases which died during the year, respectively:—

Showing length of residence in the City of Capetown of persons notified as suffering from Tubebculosis and not since dead, from 1st July, 1935, to 30th June, 1936 (corrected for imported infection and misdiagnosis).

Age.	Race.	town,	town, 6 months	town, l year & under 2	town, 2 years &	town, 3 years &	InCape- town, 4 years & under 5 years.	town, over 5	All life in Cape- town.	No record	Total.
0—1 year.	E. Non-E		_		_		_		$-\frac{1}{2}$		3
l—5 years.	E. Non-E		1	1	_			. —	1 50	9	2 60
5—15 years.	E. Non-E		_		1	$\frac{}{2}$		6	5 61	1 6	6 77
15—25 years.	E. Non-E	_	3	6	$\frac{1}{3}$	1	1 3	$egin{array}{c} 9 \ 25 \end{array}$	23 96	- 16	35 153
25—45 years.	E. Non-E		$\frac{4}{2}$	$\frac{2}{6}$	2 10	11	<u></u>	25 96	26 103	$\frac{1}{25}$	60 258
45 years and over.	E. Non-E	_	$-\frac{1}{2}$		1	$-\frac{1}{2}$	1	13 35	5 23	$\frac{2}{6}$	21 69
Age	E.	<u>£</u>				_	_				<u> </u>
Totals	E. Non-E	_	4 8	$\begin{array}{c} 3 \\ 12 \end{array}$	4 14	1 16	10	47 162	60 335	4 64	124 621

Showing length of residence in Capetown of persons dying from Tuberculosis DURING THE 53 WEEKS ENDED 3RD JULY, 1936 (CORRECTED FOR OUTWARD TRANSFERS).

Age.	Race.	town, under 6	town, 6 months	town, l year & under 2	town, 2 years &	town, 3 years &	InCape- town, 4 years & under 5 years.	town, over 5	All life in Cape- town.	No record.	Total.
0—1 year.	E. Non - E.	_	_					_	3 18	3	$\frac{3}{21}$
1—5 years.	E. Non - E.	4	<u> </u>	-	_		_		4 81	1 13	5 9 9
5—15 years.	E. Non - E.	3	1			_		1	$\frac{9}{42}$	8	9 56
15—25 years.	E. Non - E.	3			$\frac{1}{2}$	1 2	_	$\begin{array}{c} 6 \\ 23 \end{array}$	22 79		$\begin{array}{c} 30 \\ 122 \end{array}$
25—45 years.	E. Non - E.	3	$\frac{}{2}$	$\frac{}{3}$	1 4	2 5	1	16 86	23 116	$\frac{3}{22}$	45 242
45 years and over.		_	<u></u>		1	1	1	18 52	6 26	2 9	29 89
Age unknown	E. Non - E.	_	_	_	_			_		_	_
Totals	E. Non - E.	<u></u>	<u>-</u> 5		3 6	4 8	1 1	40 162	67 362	6 68	121 629

71 deaths (17 European and 54 non-European) took place without any previous notification of the disease having being received.

In Table A, on page 107, and Table D, on page 124, the deaths from tuberculosis

will be found classified in wards.

The ward distribution of the notified cases of tuberculosis will be found in Table G, on page 127, and the age distribution in Table H, on page 128.

The annual deaths and death rates from tuberculosis for the past twenty-two years, corrected for outward transfers, are shown in the following table:—

Year.		I	Deaths.	Death rate per	1,000 population.
		European.	Non-European.	European.	Non-European.
		Municipality	excluding Wynbe	rg Ward.	
1914-1915		89	384	1.11	5.09
1 9 15-1916		74	323	0.89	$4 \cdot 21$
1916-1917		95	430	1 · 10	5.55
1917-1918		78	353	0.87	4.50
1918-1919		75	302	0.81	3.80
1919-1920		80	304	0.83	3.77
1920-1921		73	334	$0 \cdot 73$	4 • 10
1921-1922		101	286	0.98	3 • 43
1922-1923		79	355	$0 \cdot 75$	$4 \cdot 12$
1923-1924		79	399	0 • 73	$4 \cdot 47$
1924-1925		95	422	0.85	$4 \cdot 51$
1925-1926	•••	70	367	0.63	3.87
1926-1927		97	449	0.85	4.59
		Municipality	including Wynbe	rg Ward.	
1927-1928		107	$5\overline{2}2$	0.83	$4 \cdot 57$
1928-1929		85	528	0.65	4.48
1929-1930		93	613	0.69	$5 \cdot 05$
1930-1931		94	59 8	0.68	4 • 69
1931-1932		111	686	0.80	$5 \cdot 32$
1932-1933		127	662	0.90	$4 \cdot 98$
1933-1934		128	690	0.89	$5 \cdot 04$
1934-1935	\	123	629	0.84	$4\cdot 46$
1935-1936		121	629	0.79	4 · 47

TREATMENT, ETC.

Hospitals.

The hospital beds available for the treatment of cases of pulmonary tuberculosis include 84 for non-Europeans and 42 for Europeans in the City Hospital for Infectious Diseases, and a varying number of beds occupied by Capetown cases at the Nelspoort Sanatorium, which in the year under report gave a (weekly) average of 27 Europeans and 18 non-Europeans.

The accommodation for Europeans at the City Hospital will be doubled with the hospital extension now in progress, and the available accommodation at Nelspoort will also be increased by extensions there.

A few additional beds at the City Hospital are usually occupied by tuberculous cases. A small part of the accommodation, averaging (daily) during 1935-36, 5 European and 11 non-European, is taken up by cases from outside the municipal area.

At the Duinendal settlement the number of Capetown patients in 1935-36 gave a (monthly) average of 11, all European male cases of pulmonary tuberculosis.

Mention may here be made also of the Sunshine Home, Bellville, where there is accommodation for 24 delicate children, not clinical cases of tuberculosis.

There is provision for more than 100 cases of surgical tuberculosis in the hospitals of the Cape Hospital Board and the home for crippled children at Maitland.

Tuberculosis Clinics.

Two clinics are maintained by the Department, one at 50, Newmarket Street, Capetown, where three medical sessions are held per week, and one at Church Street, Wynberg, with two weekly sessions. The work of the clinics is referred to at page 88.

Staff.

The Medical Superintendent of the City Hospital is in charge of the clinics. He conducts three sessions a week, the other two being taken by part-time tuberculosis specialists.

Four health visitors devote the whole of their time to home visitation in connection with tuberculosis and attendance at the clinic sessions.

The activities during the year under review in connection with tuberculosis are indicated by the following returns:—

Visits by health visitors to cases of tuberculosis	8,142
Number of new cases who attended tuberculosis clinics	1,077
Total attendances at tuberculosis clinics	7,518
Number of Capetown cases of tuberculosis admitted to the City Hospital	388
Number of Capetown cases of tuberculosis admitted to the Nelspoort Sanatorium	
Number of Capetown cases of tuberculosis admitted to the Duinendal	
Settlement	15
Number of new cases put on allowance of bread and milk	99
Cost of bread and milk supplied	£610 9 1

Amongst the chief factors in the causation of tuberculosis are bad nutrition, bad housing and overcrowding, bad industrial conditions, and alcoholism and other vices; and while good results may be expected from the treatment and isolation of patients it cannot be too strongly emphasised that the most promising line of attack on tuberculosis is in the direction of the improvement of housing and of social and economic conditions generally.

NELSPOORT SANATORIUM.

The Nelspoort Sanatorium was built from a capital fund composed of £25,000 given by Mr. John Garlick of Capetown, whose generous initiative made the scheme possible, £25,000 (increased by subsequent contributions) by various local authorities in the Cape Province (including £9,800 from the Capetown Corporation up to the end of the year

under report), and £50,000 (subsequently increased) by the Union Government. The institution is at the Salt River Farm, Nelspoort, Cape Province, on the Karoo at an elevation of about 3,260 feet above sea level, and is on the main railway line at a distance of 371 miles from Capetown. There is accommodation for about a hundred patients.

It is a Union Government institution and there is an advisory committee, which includes the Mayor, the Town Clerk, and the Medical Officer of Health of Capetown. The institution is primarily intended for the needs of the Cape Province. Paying patients are received at a charge of 12s. 6d. a day. Part-paying and free patients are received on the application of local authorities on a lower scale of charges, which during 1935-36 was 8s. a day for European patients and 6s. for non-Europeans. Until 30th June, 1935, the cost, after deducting part-payments made by patients, was shared equally by the Union Government and the local authority concerned. Since that date, pursuant to the Public Health Amendment Act, 1935, the cost has been met as to 50 per cent. by the Union Government and as to 25 per cent. each by the Provincial Administration and local authority concerned.

The numbers of all patients and Capetown patients in the Sanatorium on the last day of each month for the year ended 30th June, 1936, have been as follows:—

				Total.			Capetown.	
Date.			Eur.	Non-E.	Total.	Eur.	Non-E.	Total.
1935. 31st July	• •	• •	61	34	95	29	22	51
31st August			61	3 5	96	23	23	46
30th September		• •	57	30	87	19	17	36
31st October	• •	• •	63	36	99	24	22	4 6
30th November	• •	• •	64	36	100	26	22	48
31st December		• •	64	31	95	26	16	42
1936. 31st January		• •	66	35	101	26	17	43
29th February		• •	64	32	9 6	24	15	3 9
31st March	• •	• •	60	31	91	26	14	40
30th April		• •	59	36	95	29	16	45
31st May		• •	60	36	96	29	17	46
30th June	••	• •	64	35	99	31	13	44

In regard to Capetown, application for admission is made by the Medical Officer of Health to the Medical Superintendent of the Sanatorium. The cases are selected by the Medical Superintendent of Hospitals from those under his care at the City Hospital or the tuberculosis clinics, or referred to him for examination. Many cases have a preliminary period of treatment in the City Hospital.

The expenditure of the City Council in connection with the treatment of patients at Nelspoort Sanatorium from 1st July, 1935, to 30th June, 1936, amounted to £1,716 7s. 11d., as follows:—

Treatment at the	Sanato	rium		 			£1,520	17	2
Railway fares				 			150	16	10
Meals on trains				 			26	0	4
Sundries				 	• •	• •	18	13	7
Total		• •	• •	 			£1,716	7	11

This expenditure (excluding the items for meals and sundries) represents one-quarter of the total cost. The Union Government contributed one-half of the total and the Provincial Administration one-quarter.

During the year ended 30th June, 1936, there were 127 admissions to the Sanatorium from Capetown. Of these admissions, 15 were of patients who had had a previous period of treatment in the institution, so that the number of new cases from Capetown who were admitted during the year ended 30th June, 1936, was 112. The following is an analysis of the 127 admissions from Capetown during the year:—

				Euro	pean.	Non-E	ıropean.	
A	Age.			Male.	Female.	Male.	Female.	Total.
10 to 15 years 15 to 25 ,, 25 to 35 ,, 35 to 45 ,, 45 to 55 ,, 55 to 65 ,,		••		10 12 10 3 1	 11 9 1	-14 20 13 5	2 9 4 2 —	2 44 45 25 9 2
Total	••	••	••	36	21	53	17	127
Paying patients Part-paying patients Free patients	ents							 3 124
Total	• •	••	• •	36	21	53	17	127
Period of treatmen	t at Sand	atorium						
Under 30 days From 30- 39 da , 40- 49 ,, 50- 59 ,, 60- 69 ,, 70- 79 ,, 80- 89 ,, 100-109 ,, 110-119 ,, 120-129 ,, 130-139 ,, 140-149 ,, 150-159 ,, 160-169 ,, 170-179 ,, 180-189 ,, 190-199 ,, 200-209 ,, 210-219 ,, 240 ,, 263 ,, 265 ,, 273 ,, 286 ,, 306 ,, 315 ,, 334 ,, The latest section of the content o				1 3 — 1 — 3 7 1 2 11 — 1 — 1 — 1 — 1 1 — 1 1 — — 1 1 1 — — 1 1 —	2	6 3 5 2 2 2 13 8 - 2 7 1 1 - - - - - - - - - - - - - - - - -	2 1 2 3 1 2 - 1 2 - 1 - - - - - - - - - - - - -	11 6 6 3 4 1 19 20 2 6 19 1 1 3 - 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Total			• •	36	21	53	17	127

AFTER HISTORY OF CASES ADMITTED TO NELSPOORT SANATORIUM.

	Euro	pean.	Non-E	ıropean.		Euro	pean.	Non-E	uropean.	
					Total.]- 	Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.	
New Cases Admitted	(1) Co	ndition	asfirst	recorde	d in	(2) Co	ndition	in Nov	ember,	1936.
5th May, 1924 to 30th		th	ese col	umns.						
June, 1927. Still in the Sanatorium	3	5	5	2	15	_				_
Died in the Sanatorium	5	3	$\frac{1}{2}$	1	11	7	3	2	1	13
Re - admitted to the Sanatorium (1) before										
or (2) after 30th June,									1	
1936	6	4	1	2	13		_		<u> </u>	
Improved Not improved or worse	60	$\begin{array}{c} 69 \\ 22 \end{array}$	$\begin{array}{c} 27 \\ 9 \end{array}$	36 16	$\begin{array}{c c} 192 \\ 55 \end{array}$	9 1	8	5	5	27
Died since discharge	18	6	ıĭ	9	44	53	47	40	40	180
Removed and lost sight	7.0	7.0	-	_	4.0	4.0	20	10	0=	,
of	16	18	5	7	46	46	69	13	27	155
Total	116	127	60	73	376	116	127	60	73	376
New Cases Admitted										
July, 1927 to June,	(1) Co	ndition	in Aug	ust, 192	8.	(2) Co	ndition	in Nov	ember.	1936.
1928.						` / -				
Still in the Sanatorium Died in the Sanatorium	$\frac{5}{1}$	7	6	3	$\begin{vmatrix} 21 \\ 1 \end{vmatrix}$	1	_	_		${2}$
Re - admitted to the	1				-	1				
Sanatorium after 30th										
June, 1928 (1) or 30th June, 1936 (2)										
Improved	17	15	9	8	49	$\frac{}{2}$	3	4	$\frac{}{2}$	11
Not improved or worse	1	2		_	3	<u> </u>	10	1 19		1
Died since discharge Removed and lost sight	2	1			4	11	12	12	5	40
of	5	3	2	i	11	17	13	1	4	35
Total	31	28	18	12	89	31	28	18	12	89
								10		
New Cases Admitted	/1\ Ca		: N	 	1000	(9) CI-		NT	.	1936.
July, 1928 to June, 1929.	(1) Co	naition	in Nov	ember,	1929.	(2) Co	ndition	in Nov	ember,	1930.
Still in the Sanatorium	. 2	5	-	1	8		_		_	
Died in the Sanatorium Re - admitted to the	<u> </u>			_				-	_	
Sanatorium after 30th										;
June, 1929 (1) or 30th										
June, 1936 (2) Improved	33	16	14	$\frac{}{13}$	$\frac{}{76}$	4	1	1	$\frac{}{2}$	8
Not improved or worse	2	6	3	3	14	1	3			3
Died since discharge	3	3	1	_	7	20	11	11	6	48
Removed and lost sight of	9	4	_]		13	25	19	6	9	59
Total	49	34	18	17	118	49	34	18	17	118
New Cases Admitted										
July, 1929 to June,	(1) Co	ndition	in Nov	ember,	1930.	(2) Co	ndition	in Nov	ember,	1936.
1930. Still in the Sanatorium		1			1					
Died in the Sanatorium	1	1	1	-	3	1	1	1		3
Re - admitted to the										
Sanatorium after 30th June, 1930 (1) or 30th										
June, 1936 (2)	_			1	1	_	_	_	_	_
Improved Not improved or worse	$\begin{vmatrix} 26 \\ 2 \end{vmatrix}$	$\begin{bmatrix} 23 \\ 3 \end{bmatrix}$	$\begin{vmatrix} 21 \\ 4 \end{vmatrix}$	$\frac{11}{2}$	81 11	9	$\frac{3}{1}$	$\frac{9}{1}$	2	$\begin{array}{c c} 23 \\ 2 \end{array}$
Died since discharge	4		1		5	9	10	13	6	38
Removed and lost sight						1.7				
of	3				3	17	13	3	6	39
Total	36	28	27	14	105	36	28	27	14	105
New Cases Admitted										
July, 1930 to June,	(1) Co	$_{\rm i}$ ndition	in Nov	ember,	1931.	(2) Co	ndition	in Nov	ember,	1936.
1931.										
Still in the Sanatorium Died in the Sanatorium										
Re - admitted to the										
Sanatorium after 30th										
June, 1931 (1) or 30th June, 1936 (2)										
Improved	28	11	6	13	58	7	3	2	4	16
Not improved or worse	4	4	$\begin{array}{c c} 2 \\ \end{array}$	2	12	9		5	$\frac{1}{3}$	$egin{array}{c} 1 \ 25 \end{array}$
Died since discharge Removed and lost sight	1				1	9	8	9	3	25
of	4	4	1	1	10	21	8	2	8	39
Total	37	19	9	16	81	37	19	9	16	81
Total	31	19	ð	10	01	31	19	9	10	01

					1					
	Euro	pean.	Non-E	uropean.	 	Euro	pean.	Non-E	uropean.	<i>(</i> 1)
	Male.	Female.	Male.	Female.	Total.	Male.	Female.	Male.	Female.	Total.
New Cases Admitted July, 1931 to June, 1932.	(1) Co	ndition	in Nov	ember,	1932.	(2) Co	ndition	in Nov	ember,	1936.
Still in the Sanatorium Died in the Sanatorium Re - admitted to the Sanatorium after 30th	_	=	2	_	- 21	_			=	
June, 1932 (1) or 30th June, 1936 (2) Improved Not improved or worse Died since discharge	$\frac{}{20}$	$\frac{-}{22}$	$\frac{-}{25}$ $\frac{5}{2}$	20 4	87 16 3		1 7 1 10	10 1 1 14	$\frac{-7}{9}$	$\begin{array}{c}1\\28\\4\\41\end{array}$
Removed and lost sight	1	1	. ~	1	2	10	8	7	9	34
		27	34	95	110	$\frac{10}{24}$	27	-		
	$\frac{24}{}$		34	$\frac{25}{}$	110	<u> </u>	21	34	25	110
New Cases Admitted July, 1932 to June, 1933.	(1) Co	ndition	in Nov		1933.	(2) Co	ndition	in Nov	ember,	1936.
Still in the sanatorium Died in the Sanatorium Re - admitted to the Sanatorium after 30th June, 1933 (1) or 30th		1	2		3		1	2	_	3
June, 1936 (2) Improved Not improved or worse Died since discharge Removed and lost sight	33 6 —	$\frac{-}{21}$ $\frac{5}{1}$	$\begin{array}{c} - \\ 15 \\ 6 \\ 4 \end{array}$	$\begin{array}{c c} - \\ 28 \\ 3 \\ 1 \end{array}$	97 20 6	15 5 8	7 3 8	7 2 13	$\frac{16}{2}$	$-45 \\ 12 \\ 37$
of	5	4	3	2	14	16	13	6	9	44
Total	44	32	30	35	141	44	32	30	35	141
New Cases Admitted July, 1933 to June, 1934.	(1) Co	ndition	in Nov	ember,	1934.	(2) Co	ndition	in Nov	ember,	19 3 6.
Still in the Sanatorium Died in the Sanatorium Re - admitted to the Sanatorium after 30th June, 1934 (1) or 30th	1 —	1	1	1	$\frac{2}{3}$	=	1	1	1	3
June, 1936 (2) Improved Not improved or worse Died since discharge Removed and lost sight	$-\frac{16}{8}$	18 4 —	13 4 4	14 6 —	$egin{array}{c} - \ 61 \ 22 \ 6 \end{array}$	7 5 9	11 8 1	8 4 7	$\frac{1}{10}$ $\frac{1}{6}$	$ \overline{}$ $\overline{}$
of	4	4	4		12	10	7	6	3	$\frac{26}{-}$
Total	31		26	21	106	31		26	21	106
New Cases Admitted July, 1934, to June, 1936.		ndition	in Nov	ember,	1935.	(2) Co	ndition	in Nov	ember,	1936.
Still in the Sanatorium Died in the Sanatorium Re - admitted to the Sanatorium after 30th June, 1935 (1) or	4	<u>4</u>		1	$\frac{9}{2}$		=	2	=	2
30th June, 1936 (2) Improved Not improved or worse Died since discharge	$\frac{}{22}$ $\frac{}{3}$ 1	$\frac{-14}{3}$	$\frac{-15}{2}$	$egin{array}{c}$	-74 12 11	$egin{array}{c} 1 \\ 22 \\ 2 \\ 3 \end{array}$	$\begin{matrix}1\\10\\8\\3\end{matrix}$	$\frac{12}{3}$	$\begin{array}{c}1\\11\\6\\10\end{array}$	$\begin{array}{c} 3 \\ 55 \\ 19 \\ 20 \end{array}$
Removed and lost sight of	6	2	3	3	14	8	3	3	9	23
Total	36	25	24	37	122	36	25	24	37	122
New Cases Admitted July, 1935 to June, 1936.	Cond	ition in	Nove	mber, 1	936.					
Still in the Sanatorium Died in the Sanatorium Re - admitted to the	1	Ξ	1 1		$\frac{2}{1}$					
Sanatorium after 30th June, 1936 Improved Not improved or worse Died since discharge Removed and lost sight	19 6 —	$\begin{array}{c}1\\10\\4\\2\end{array}$	$\frac{-}{25}$ $\frac{11}{3}$	7 7 -	$egin{array}{c} 1 \\ 61 \\ 28 \\ 5 \end{array}$					
of	4		7	3	14					
Total	30	17	48	17	112					

Duinendal Tuberculosis Settlement.

The Capetown cases (European males) treated at Duinendal (see page 14), during the year ended 30th June, 1936, were as follows:—

In residence at beginning of year	r	• •		 	11
Admitted during year			• •	 	15
Discharged during year				 	14
In residence at end of year				 	12

CARE COMMITTEE FOR TUBERCULOUS PATIENTS.

The Voluntary Care Committee works in close co-operation with the City Health Department. Office accommodation is provided in the department, and the salary of the almoner employed by the Committee is paid by the City Council. The rest of the funds are obtained chiefly through the Community Chest.

The work done is indicated by the following statistics:—

	Year ended 31st March, 1936	Year ended 31st March 1937.
Monthly rent payments	$\dots 242$	338
Monthly maintenance grants	22	52
Monthly payments to foster mothers	30	49
Cases (or families) supplied with clothing	2,000* (approx.)	276
Cases (or families) supplied with blankets	138†	96
Number of eggs distributed to tuberculous fan	nilies —	258
Almoner:		
Visits paid	1,350	1,565
Interviews given	1,555	1,773
New cases handled:		
European	40	68
Non-European	147	182
* Garments distributed. † 1	Blankets distribut	ed.

The Duinendal Tuberculosis Settlement (see above) is also maintained by the Care Committee.

ENTERIC OR TYPHOID FEVER.

The cases of this disease reported in the year 1935-36, corrected for imported cases and misdiagnosis, numbered 73 (30 European and 43 non-European). This is equivalent to an incidence rate of 0.25 per 1,000 population (0.20 European and 0.31 non-European).

The original number of notifications was 115, of which 7 were imported cases. 39 of the 108 were afterwards found in the City Hospital not to be suffering from enteric fever. 4 patients admitted to the City Hospital for other diseases proved to be cases of enteric fever.

In addition to the cases enumerated above there were 42 patients admitted of the City Hospital from outside the Municipality and from ships in Capetown Harbour diagnosed as suffering from enteric fever. After correction for errors of diagnosis the number of such cases was 29.

The number of deaths amongst the 73 Capetown cases was 10 (5 European and 5 non-European), giving a case mortality rate of 13 · 7 per cent. (16 · 7 per cent. European and 11 · 6 per cent. non-European).

The total Capetown deaths from enteric fever registered during the year numbered 9 (3 European and 6 non-European), equivalent to a death rate of 0.03 per 1,000 population (0.02 European and 0.04 non-European).

From this disease there were also 4 cases (native, non-fatal) at the Langa location. These are excluded from the above figures.

In the following table are set out the number of enteric cases and deaths, together with the corresponding rates, for a series of years:—

		Cas	es.			Dea	aths.	
Year.	Euro	pean.	Non-E	uropean.	Eur	ropean.	Non-E	uropean.
	Number	Rate per 1,000 population.	Number	Rate per 1,000 population.	Num- ber.	Rate per 1,000 population.	Num- ber.	Rate per 1,000 population.
Municipa	lity exc	luding W	vnherg	Ward:				•
1914-15	250	$3\cdot 13$	218	2.89	21	0.26	23	0.30
1915-16	163	1.96	133	1.73	8	0.01	$\frac{28}{28}$	0.37
1916-17	163	$1 \cdot 90$	149	$1 \cdot 92$	14	0.16	32	0.41
1917-18	138	1.55	124	1.58	12	0.13	31	0.40
1918-19	204	$2 \cdot 20$	191	$2 \cdot 40$	18	0.19	33	0.42
1919-20	251	$2 \cdot 60$	202	$2 \cdot 50$	21	0.22	42	$0 \cdot 52$
1920-21	345	$3 \cdot 46$	308	3.78	37	0.37	46	0.56
1921-22	204	$1 \cdot 98$	207	$2 \cdot 48$	21	0.20	42	0.50
1922-23	180	$1 \cdot 71$	141	$1 \cdot 64$	22	0.21	27	$0 \cdot 31$
1923-24	121	$1 \cdot 12$	93	$1 \cdot 04$	12	0.11	20	0.23
1924-25	79	0.72	94	$1 \cdot 02$	8	0.07	20	0.21
1925-26	87	0.78	100	1.05	8	0.07	17	0.18
1926-27	117	$1 \cdot 02$	123	$1\cdot 25$	15	0.13	27	0.28
Municipa Municipa	lity inc	luding W	wnhara	Ward:				
1927-28	109	0.84	135	1.18	10	0.08	25	0.22
1928-29	100	0.76	100	0.85	13	0.10	25	0.21
1929-30	87	0.65	94	0.77	8	0.06	17	0.14
1930-31	97	0.71	103	0.82	8	0.06	$\frac{1}{24}$	0.19
1931-32	71	0.51	98	0.76	13	0.09	$\frac{24}{24}$	0.19
1932-33	30	0.21	30	0.23	3	0.02	5	0.04
1933-34	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	0.36	47	0.34	$\overset{\circ}{2}$	0.01	7	0.05
1934-35	33	0.22	49	0.35	$\overline{6}$	0.04	9	0.06
1935-36	30	$0.\overline{20}$	43	0.31	3	0.02	6	0.04

Nearly all the enteric fever cases are caused by B. typhosus, paratyphoid infection being very rare.

There has been a striking diminution in the disease in recent years.

Reference to Table F, on page 126, will show the seasonal incidence of the disease. 27 cases were notified in the spring half of the year and 46 in the autumn half. The monthly number of cases notified was greatest in January and February, 1936.

3 of the cases occurred in institutions; viz., one in a nurses' hostel in Ward 5, one at the Somerset Hospital (a nurse) in Ward 2, and one at the Capetown Infirmary in Ward 2. The other cases all occurred in different houses, there being no secondary household cases.

The ward distribution of the cases will be found in Table G, on page 127, and the age and sex distribution in Table H, on page 128.

Of the 115 uncorrected cases 102 were admitted to the City Hospital and 4 were

treated in other hospitals.

One enteric "carrier" was reported in the person of a European female aged 36 (Ward 15) who had suffered from enteric fever in 1930. Other cases of the disease occurred in her family in 1930, 1931, 1935 and 1936. B. typhosus was found in the fæces. She was dealt with without being admitted to hospital.

Another supposed "carrier" was admitted to the City Hospital on 2nd October, 1935, but the presence of the bacilli was not established.

DIPHTHERIA.

The cases of this disease reported in the year 1935-36, corrected for imported cases and misdiagnosis, numbered 311 (189 European and 122 non-European). This is equivalent to an incidence rate of 1.07 per 1,000 population (1.25 European and 0.88 non-European).

The original number of notifications was 377, of which 2 were imported cases. 67 of the 375 were afterwards found in the City Hospital not to be suffering from diphtheria. 3 patients admitted

to the City Hospital for another disease proved to be cases of diphtheria.

In addition to the cases enumerated above, there were 78 cases diagnosed as suffering from diphtheria admitted to the City Hospital from outside the Municipality and from ships in Capetown Harbour. After correction for errors of diagnosis the number of such cases was 56.

The number of deaths amongst the 311 Capetown cases was 26 (8 European and 18 non-European) giving a case mortality rate of 8·4 per cent. (4·2 European and 14.8 non-European).

The total Capetown deaths from this disease registered during the year numbered 27 (10 European and 17 non-European), equivalent to a death rate of 0.09 per 1,000 population (0.07 European and 0.12 non-European).

Of this disease there were also 2 cases (non-fatal) in natives at the Langa location. These are excluded from the above figures.

In the following table are set out the number of diphtheria cases and deaths, together with the corresponding rates, for a series of years:—

		Ca	ses.			Deat	hs.	
Year.	Euro	pean.	Non-E	uropean.	Eur	opean.	Non-I	European.
	Number	Rate per 1,000 population.	Number	Rate per 1,000 population.	Num- ber.	Rate per 1,000 population.	Num- ber.	Rate per 1,000 population.
Municipa 1914-15	lity exc 155 189 164 107 113 125 75 89 121 163 209	$\begin{array}{c} \hline \\ \text{luding W} \\ 1 \cdot 94 \\ 2 \cdot 27 \\ 1 \cdot 91 \\ 1 \cdot 20 \\ 1 \cdot 22 \\ 1 \cdot 30 \\ 0 \cdot 75 \\ 0 \cdot 86 \\ 1 \cdot 15 \\ 1 \cdot 51 \\ 1 \cdot 90 \\ \end{array}$	ynberg 62 51 41 32 25 36 25 18 24 49 41	Ward: 0.82 0.67 0.53 0.41 0.31 0.45 0.29 0.22 0.28 0.55 0.45	16 17 10 7 3 8 5 8 11 9	0.20 0.20 0.12 0.08 0.03 0.08 0.05 0.08 0.10 0.08 0.15	22 19 13 11 10 12 3 6 5 11 8	$0 \cdot 29$ $0 \cdot 25$ $0 \cdot 17$ $0 \cdot 14$ $0 \cdot 13$ $0 \cdot 15$ $0 \cdot 04$ $0 \cdot 07$ $0 \cdot 06$ $0 \cdot 12$ $0 \cdot 09$
1924-25	180 186	$\begin{array}{c} 1.30 \\ 1.60 \\ 1.62 \end{array}$	46 87	$0.48 \\ 0.89$	8 12	$\begin{array}{c} 0.13 \\ 0.07 \\ 0.10 \end{array}$	11 16	$0.12 \\ 0.16$
Municipa 1927-28 1928-29 1929-30 1930-31 1931-32 1932-33 1933-34 1934-35 1935-36	lity inc 162 162 166 189 120 142 192 238 189	luding W 1·25 1·23 1·23 1.38 0.86 1·00 1·33 1·61 1·25	ynberg 62 70 54 93 67 73 106 136 122	$\begin{array}{c} \text{Ward:} \\ 0.54 \\ 0.59 \\ 0.44 \\ 0.74 \\ 0.52 \\ 0.55 \\ 0.77 \\ 0.96 \\ 0.88 \end{array}$	10 13 14 9 7 8 6 9 10	0.08 0.10 0.10 0.06 0.05 0.06 0.04 0.06 0.07	12 15 11 11 11 6 11 19 17	0.11 0.13 0.09 0.09 0.09 0.05 0.08 0.13 0.12

11 of the cases occurred in institutions; viz., 2 at the City Hospital for Infectious Diseases in Ward 2 (nurses), 2 in the Somerset Hospital in Ward 2, 4 in an institution in Ward 14 and 1 each of three institutions in Wards 5, 11 and 15. The other cases occurred in 274 houses, in 255 of which there was one case each, in 14 two cases each, in 3 three cases each and in 2 four cases each.

Of the 377 uncorrected cases, 343 were admitted to the City Hospital and 2 were treated in other hospitals.

Diphtheria Carriers.

In addition to the cases enumerated above, seven diphtheria carriers were reported during the year. Two of these had been admitted to the City Hospital wrongly diagnosed as cases of diphtheria. The other five cases were reported as carriers originally: and were admitted as such to the City Hospital. Sixteen other diphtheria carriers resident outside the municipal area were admitted to the City Hospital or Rentzkie's Farm Hospital. Five of these had been admitted wrongly diagnosed as cases of diphtheria. The others were admitted as carriers.

Schick-Testing and Anti-Diphtheria Inoculation.

Special sessions have been held at certain of the child welfare centres, where young children have received protective inoculations of diphtheria prophylactic without preliminary Schick-testing. Propaganda work has been carried out by the health visitors to convince the mothers of the advisability of availing themselves of protective inoculation for their children.

Children in schools and institutions have also been dealt with. In these the Schicktesting has been omitted in the younger children. The small percentage of "positives"

found is partly explained by this omission.

The prophylactics used have been anatoxin (R.A.) of the S.A. Institute for Medical Research, and toxoid-antitoxin (T.A.M.) of Burroughs Wellcome, of which the complete course is three injections; toxoid-antitoxin floccules (T.A.F.), of Burroughs Wellcome, of which the course is two or three injections; and alum-precipitated toxoid of Parke Davis (T.A.P.), and of Burroughs Wellcome (A.P.T.), of which the course is one or two injections.

2 0/00/10	Schick-tested:						
	Solviolo-vesteu.			Posi-	Nega-	Not	
			1	tive.	tive.	read.	Total.
	Schools			236	615	27	878
	Institutions			180	490	9	679
	Child welfare centres			46	204	19	269
	Total			462	1,309	55	1,826
First-se	ries protective inoculations given :						
	•	R.A., T.A	A.M. & 7	Γ.A.F.	T.A	.P. & A	.P.T.
		No. of			No. of		No. of
	~	persons	•	tions.	persons	in	jections.
	Schools	153	43		751		1,235
	Institutions	60	15		347		347
	Child welfare centres	242	56	58 —	1,204		1,217
	Total	455	1,15	59	2,302		2,799
	Schick-tested after first series of culations:			_			4
		R.A., T	.A.M. &	T.A.F.	T.A	.P. &	A.P.T.
		Posi-	Nega-	Not	Posi-	Nega	- Not
		tive.	tive.	read.	tive.	tive.	read.
	Schools	56	229	4	23	145	12
	Institutions	8	77	2	58	231	4
	Child welfare centres		109	13	2	51	5
	Total	92	415	19	83	427	21
Second-s	series protective inoculations given :						
		R.A., T.			T.A	.P. & A	.P.T.
		No. of persons.		o. of cions.	No. of persons		No. of ections.
	Schools	59	173		· _	•	
	Institutions	6	14		18		18
					-0		10
	Child welfare centres	4	14	Ŀ	_		
	Child welfare centres	$\frac{4}{69}$	$\frac{14}{201}$	-		_	18
	Total	69		-		-	18
	Total	69	201	-	18	-	18
	Total	69	201 .A.M. & Nega-	T.A.F.	18	-	18
	Total Schick-tested after a second series of culations:	69	.A.M. &	T.A.F.		-	18
	Total	69	201 .A.M. & Nega-	T.A.F.		-	18

12

SCARLET FEVER.

The cases of this disease reported in the year 1935-36, corrected for imported cases and misdiagnosis, numbered 630 (596 European and 34 non-European). This is equivalent to an incidence rate of 2·17 per 1,000 population (3·95 European and 0·24 non-European).

The original number of notifications was 634, of which 5 were imported cases. 7 of the 629 were afterwards found in the City Hospital not to be suffering from scarlet fever. 8 patients admitted to the City Hospital for another disease proved to be cases of scarlet fever.

In addition to the cases enumerated above there were 18 cases diagnosed as suffering from scarlet fever admitted to the City Hospital from outside the Municipality and from ships in Capetown Harbour.

There were 3 deaths (2 European and 1 non-European) amongst the 630 Capetown cases and 4 deaths (3 European and 1 non-European) from this disease registered during the year.

There was one case (native, non-fatal) at the Langa native location.

In the following table are set out the number of scarlatinal cases and deaths, together with the corresponding rates, for a series of years:—

		Cas	es.			Dea	ths.	
Year.	Euro	pean.	Non-E	uropean.	Eur	opean.	Non-H	European.
	Number	Rate per 1,000 population.	Number	Rate per 1,000 population.	Num- ber.	Rate per 1,000 population.	Num- ber.	Rate per- 1,000 po- pulation.
Munici	pality exc	luding W	vnberg	Ward:				
1914–15	78	0.98	10	0.13	2	0.03		
1915–16	128	1.54	8	0.10				
1916–17	52	0.60	4	0.05				
1917–18	97	1.09	13	0.17				
1918–19	153	$1 \cdot 65$	18	0.23			_	
1919–20	274	$2 \cdot 84$	23	0.29	3	0.03		
1920–21	224	$2 \cdot 25$	15	0.18	2	$0 \cdot 02$		
1921–22	97	0.94	9	0.11			-	
1922–23	47	0.45	5	0.06				
1923–24	26	$0 \cdot 24$	3	0.03				
1924–25	50	0.46	1	0.01				
1925–26	129	1.15	8	0.08			1	0.01
1926–27	123	1.07	11	0.11	-	_		
Munici	pality inc	luding W	vnberg	Ward:				
1927–28	$\frac{228}{228}$	1.76	6	0.05	3	$0 \cdot 02$		_
1928–29	154	1.17	10	0.08			1	0.01
1929–30	26 0	$1 \cdot 93$	20	0.16	2	0.01	1	0.01
1930–31	425	3 · 11	40	$0 \cdot 32$	1	0.01		
1931–32	121	0.87	18	0.14				\\\
1932-33	121	0.85	19	0.14				
1933–34	103	$0 \cdot 71$	9	0.07				—
1934–35	229	1.55	14	0.10	1	0.01		_
1935–36	596	$3 \cdot 95$	34	0.24	3	0.02	1	0.01

It will be seen that the year was one of exceptional prevalence of this disease. The prevalence began in the previous year in April, 1935, and, as will be seen from Table F on page 126, continued throughout the year under report, with a tendency to remission at midsummer. It did not subside until towards the end of 1936.

In the year under report 46 of the cases occurred in institutions; viz., 3 at a Union Government institution in Ward 11, 6 at the Wynberg military camp and hospital (Ward 15), 5 at the City Hospital for Infectious Diseases in Ward 2 (nurses), 3 at the Somerset Hospital in Ward 2, 12 at a children's hospital in Ward 14, 2 at an orphanage in Ward 4, 2 at an orphanage in Ward 5, 8 at an orphanage in Ward 6, 4 at an orphanage in Ward 9, and one at a student's hostel in Ward 12. The other cases occurred in 490 houses, in 416 of which there was one case each, in 58 two cases each, in 12 three cases each and in 4 four cases each.

The ward distribution and the age and sex distribution are shown in Tables G and H, on pages 127 and 128.

Of the 634 uncorrected cases, 267 were admitted to the City Hospital and 3 were treated in other hospitals. The restricted accommodation available made it impossible to admit as large a proportion of cases as usual.

The cases were mostly very mild, and there were a number which were not discovered before the peeling stage. In some cases the isolation practised at home was unsatisfactory.

ERYSIPELAS.

The cases of this disease reported in the year 1935-36, corrected for imported cases and misdiagnosis, numbered 93 (51 European and 42 non-European).

The original number of notifications was 95, of which 2 were afterwards found in the City Hospital not to be suffering from erysipelas.

There were also 5 cases diagnosed as suffering from erysipelas admitted to the City Hospital from outside the Municipality, one of which admitted for another disease was afterwards found to be a case of erysipelas.

There were 4 deaths (2 European and 2 non-European) from erysipelas during the year. There was one case (native, non-fatal) at the Langa native location.

Seven of the cases occurred in institutions, viz., 3 in Union Government institutions (2 in Ward 10 and one in Ward 6), one each in four institutions in Wards 4 (2), 6 and 14. The remaining 86 cases all occurred in separate houses, there being no secondary household cases.

Of the 95 uncorrected cases, 38 were admitted to the City Hospital and 5 were treated in other hospitals.

CEREBROSPINAL FEVER.

The cases of this disease reported in the year 1935-36, corrected for imported cases and misdiagnosis, numbered 10 (1 European and 9 non-European).

The original number of notifications was 73, of which one was an imported case. 62 of the 72 were afterwards found in the City Hospital not to be suffering from cerebrospinal fever.

In addition to the cases enumerated above there were 27 patients admitted to the City Hospital from outside the Municipality and from ships in Capetown Harbour diagnosed as suffering from cerebrospinal fever, 24 of which were afterwards found not to be suffering from this disease.

from cerebrospinal fever, 24 of which were afterwards found not to be suffering from this disease. One such case admitted to the City Hospital for another disease proved to be a case of cerebrospinal fever.

All the Capetown cases where the diagnosis of cerebrospinal fever remained were fatal. Seven of them were never removed to hospital, of which 5 died on or before the date of notification and 2, three or four days after. It is possible that in some of these cases the diagnosis was not correct. Of the 3 cases which died in the City Hospital, one died two days after admission and 2 after three days.

Of the 3 cases admitted to the City Hospital from outside the municipal area 2 died

four days after admission and one recovered.

The total Capetown deaths from the disease registered during the year numbered 11 (1 European and 10 non-European), equivalent to a death rate of 0 ·04 per 1,000 population (0 ·01 European and 0 ·07 non-European).

In the following table the number of cases of cerebrospinal fever notified and deaths from the disease are shown for each year since it was made notifiable:—

		Cases n	otified.	Deaths.		
	Year.	European.	Non-European.	European.	Non-European.	
1915-16 1916-17 1917-18 1918-19 1919-20 1920-21 1921-22 1922-23 1922-23 1923-24 1924-25 1925-26 1926-27		Municipality 2 2 6 3 4 4 4 4 10	excluding Wy	nberg Ward: 1 3 -3 3 -4 2 5 5 6	2 5 5 1 - 2 3 11 19 29	
1927-28 1928-29 1929-30 1930-31 1931-32 1932-33 1933-34 1934-35 1935-36	• • • • • • • • • • • • • • • • • • • •		including Wy 183 101 48 18 35 22 17 20 9	nberg Ward: 18 16 8 3 3 5 3 1	92 59 27 15 21 15 17 15 10	

One case occurred in a Union Government institution in Ward 7. The remaining cases all occurred in different houses, there being no secondary household cases.

The monthly ward, age and sex distribution of the cases is shown in Tables F, G and H, on pages 126, 127 and 128.

Of the 73 uncorrected cases, 65 were admitted to the City Hospital.

INFECTIVE ENCEPHALITIS.

The cases of this disease reported in the year 1935-36, corrected for imported cases and misdiagnosis, numbered 7 (4 European and 3 non-European).

The original number of notifications was 10. 4 of the 10 were found, after admission to the City Hospital, not to be suffering from infective encephalitis. One patient admitted to the City Hospital for another disease proved to be a case of infective encephalitis.

In addition to the cases enumerated above certain cases were admitted to the City Hospital from outside the Municipality and from ships in Capetown Harbour. Two of these were admitted under the diagnosis of infective encephalitis and were afterwards found not to be suffering from this disease; and one was admitted under another diagnosis and proved to be a case of encephalitis lethargica.

There were 4 deaths amongst the Capetown cases (I European and 3 non-European). The deaths from this disease registered during the year numbered 6 (2 European and 4 non-European). Two of these 6 deaths were of persons who had suffered from the disease for some years before death, viz., $2\frac{1}{2}$ years (E.F. 76) and 4 years (C.F. 56: post-encephalitic Parkinsonism). These two cases are not included in the notifications for the year.

In the following table the number of cases of infective encephalitis notified and of deaths from the disease are shown for each year since it was made notifiable:—

Year.	Cases n	otified.	Dea	Deaths.			
rear.	European.	Non-European.	European.	Non-European.			
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Muncipality 3 5 3 5 6	excluding Wynb 1 - 1 4 5	erg Ward. 2 5 2 3 3	1 1 4 4			
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	6 6 Muncipality 8	$egin{array}{ccc} 10 & & 5 & & \ & ext{including} & ext{Wynb} & & & \ & & & & \ & & & & \ & & & & \ & & & & \ & & & & \ & & & & \ & & & \ & & & \ & & & \ & & & \ & & & \ & & & \ & & & \ & & \ & & & \ & & \ & & \ & & \ & & \ & & \ & & \ & & \ & & \ & & \ & & \ & \ & & \ $	$egin{array}{c} 6 \\ 4 \\ \mathrm{erg} \ \mathrm{Ward}. \\ 3 \end{array}$	7 5 3			
$\begin{array}{ c c c c c c c c c c }\hline & 1928-29 & \dots & \dots \\ & 1929-30 & \dots & \dots \\ & 1930-31 & \dots & \dots \\ & & 1931-32 & \dots & \dots \\ \hline \end{array}$	7 4 1 7	5 3 4 2	$\begin{array}{c c} 5\\ \hline 3\\ \hline -\\ \hline 5 \end{array}$	3 -3 2			
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$egin{array}{c} 4 \\ 2 \\ 8 \\ 4 \end{array}$	$-rac{4}{3} \\ 3$		$-\frac{1}{4}$			

The cases in 1935-36 all occurred in different houses, there being no secondary household cases.

The monthly ward, and age and sex distribution of the cases will be found in Tables F, G and H, on pages 126, 127 and 128.

Of the 10 uncorrected cases, 5 were treated at the City Hospital, 3 in other hospitals and 2 at home.

ACUTE POLIOMYELITIS.

The cases of this disease reported in the year 1935-36, corrected for imported cases and misdiagnosis, numbered 4 (1 European and 3 non-European).

The original number of notifications was 7. 3 of the 7 were afterwards found in the City Hospital not to be suffering from acute poliomyelitis.

There were no deaths amongst the Capetown cases and no deaths registered from this disease.

In the following table the number of cases notified and of deaths from the disease are shown for each year since it was made notifiable:—

Year.	Cases	notified.	Deat	hs.
rear.	European.	Non-European.	European.	Non-European.
1915–16 1916–17 1917–18 1918–19 1919–20	Municipality 4 3 3 2 1	excluding Wyn 5 1 2 2 1	berg Ward. Not separatel 1 1 2 —	y classified. 2 1 1
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	3 1 1 1 2	1 1 1 	1 - 1 - 1	1 1 - 1
1927–28 1928–29 1929–30 1930–31 1931–32 1932–33 1933–34 1934–35 1935–36	Municipality 8 4 11 5 -4 8 11 1	including Wyn 4 1 6 5 4 3 14 3	berg Ward. 2 1 3 — 1 — 1 — 1	$ \begin{array}{c} $

The cases in the year under report all occurred in separate houses, there being no secondary household cases.

The monthly, ward, and age and sex distribution of the cases will be found in Tables F, G and H on pages 126, 127 and 128.

Of the 7 uncorrected cases, 5 were treated at the City Hospital and 1 in another hospital.

INFLUENZA AND PNEUMONIA.

In the year 1935-36, the corrected number of notified cases of pneumonia was as follows:—

It will be seen from reference to Table I, on page 129, that the number of cases of acute primary pneumonia notified, though less than in the previous year, was above the average of former years. Nevertheless, as will be seen from the table below, the mortality from pneumonia (and from bronchitis) was not unusually high.

A more reliable index to these conditions is to be found in the death returns. In the following table is set out for each year from the great epidemic onwards the number of deaths (corrected for outward transfers) certified as due to influenza and to bronchitis and pneumonia, together with the corresponding death rate per 1,000 population.

	Influenza.					Brond	ehitis.		Pneumonia.					
Year.	Non- European. European.			Euro	pean.	No Euro	on- pean.	Euro	pean.		on- pean.			
	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate		
1918–1919	864	9 .33	2,893	36 .41	47	0.51	216	2 .72	239	2 .58	229	2 .88		
1919-1920	2	0.02	5	0.06	39	0 .40	203	2 .52	71	0.74	385	4.77		
1920-1921	1	0.01	18	0.22	42	0 .42	237	2 .91	89	0 .89	418	5 .13		
1921-1922	5	0.05	10	0.12	43	0 .42	197	2 .36	112	1 .09	379	4.54		
1922-1923	6	0.06	5	0.06	39	0.37	222	2 .58	91	0.86	407	4.72		
1923-1924	3	0.03	3	0 .03	32	0 .30	185	2.07	92	0 .85	445	4 .98		
1924-1925*	25	0.22	30	0.32	29	0.26	148	1 .59	58	0.52	323	3 .46		
1925-1926*	13	0.12	22	0.23	26	0 .23	213	$2 \cdot 25$	70	0 .63	269	2.84		
1926–1927*	13	0.11	18	0.18	40	0.35	255	2.61	84	0.74	387	3 .96		
1927–1928*	20	0.16	52	0 .46	39	0.30	305	$2 \cdot 67$	96	0 .75	509	4 · 46		
1928-1929*,.	23	0.18	33	0 .28	40	0.31	217	1 .84	93	0 .71	390	3 ·31		
1929–1930*	32	0 .24	29	0 .24	36	0 .27	221	1 .82	65	0 .49	338	$2 \cdot 78$		
1930-1931*	9	0.06	26	0.20	46	0 .33	201	1.58	58	0 •42	345	$2 \cdot 71$		
1931-1932*	30	9.22	43	0 .33	35	0 .25	218	1 .69	100	0.72	403	3 ·13		
1932-1933*	12	0.08	18	0 .14	20	0 .14	157	1 ·18	71	0.50	385	$2 \cdot 90$		
1933-1934*	8	0.06	9	0.07	30	0.21	170	1 .24	61	0 · 42	346	2 .53		
1934–1935*	30	0.20	27	0.19	29	0.20	278	1.97	114	0.77	482	3 • 41		
1935-1936*	36	0.24	32	0.23	19	0.12	193	1.37	92	0.60	453	3.22		

^{*} Corrected for European inward transfers. City extended in 1927-1928 by incorporation of Wynberg Municipality.

It will be seen that in the last two years the European mortality attributed to influenza was above the average.

Other statistical details will be found in Tables A, F, G, H and I, on pages 106, 126, 127, 128 and 129.

From the municipal area, 8 cases of influenzal pneumonia (6 European and 2 non-European), and 8 cases of acute primary pneumonia (3 European and 5 non-European) were treated in the City Hospital during the year. Five cases of acute primary pneumonia (3 European and 2 non-European) were also admitted from outside the Municipality.

There were 4 cases of acute primary pneumonia notified from the native locations, 3 from Langa and 1 from N'dabeni; and 2 cases of influenzal pneumonia from Langa.

There were 15 registered deaths from pneumonia in natives resident at Langa and N'dabeni (influenzal pneumonia 2, broncho-pneumonia 11, lobar pneumonia 2).

PUERPERAL FEVER.

The cases of this disease reported in the year 1935-36, corrected for imported cases and misdiagnosis, numbered 96 (22 European and 74 non-European).

The original number of notifications was 104. 8 of the 104 cases were afterwards found in

the City Hospital not to be suffering from puerperal fever.

In addition to the cases enumerated above there were 21 cases admitted to the City Hospital from outside the Municipality under the diagnosis of puerperal fever. 3 of these were afterwards found not to be suffering from puerperal fever.

The number of deaths amongst the 96 Capetown cases was 19 (3 of the 22 European cases and 16 of the 74 non-European). The total Capetown deaths from the disease registered during the year numbered 17 (5 European and 12 non-European).

The mortality from this cause for a series of years, expressed as a rate per 1,000 live births, is shown on page 31.

Attendance at confinement.—76 of the cases were confined at home and 20 in hospital. Of the 76 at home 21 were attended in labour by midwives only, 20 by doctors only, and 22 by doctors and midwives; 13 were unattended.

Condition of child.—47 of the cases supervened upon the birth of a living child and 49 of a dead foetus. Of the 49 cases following delivery of a dead foetus, 13 were of a dead viable foetus and 36 of a non-viable foetus.

Primiparae.—22 of the cases were reported as primaparae (i.e. women in their first confinement) and 74 as multiparae.

Treatment.—35 of the cases (corrected for misdiagnosis and imported cases) were treated in the City Hospital, 17 in the Peninsula Maternity Hospital, 5 in the Somerset Hospital, 3 in the Woodstock Hospital, 2 in St. Monica's Home and 1 in the Wynberg (Victoria) Hospital; the remaining 33 were treated at home.

There was also I case of this disease (native) in the Langa location.

OPHTHALMIA NEONATORUM AND GONORRHOEAL OPHTHALMIA.

For the purpose of notification ophthalmia neonatorum is taken to mean a purulent inflammation of the eyes of an infant beginning within twenty-one days after birth, whether it is due to infection with gonococcus or not. Cases of inflammation of the eyes beginning after the twenty-first day of life are not regarded as ophthalmia neonatorum, but if due to gonococcal infection are notifiable as gonorrheal ophthalmia.

The number of cases of these diseases reported in the year 1935-36, corrected for imported cases and misdiagnosis, was 266 (39 European and 227 non-European).

In addition there were 14 cases of the disease notified as having been admitted to the Somerset Hospital and one to the Peninsula Maternity Hospital, from outside the Municipality.

Of these 266, 38 were cases not in the newly born (6 European and 32 non-European), 3, 6, 6, 7, $7\frac{1}{2}$, 8, 8 months, $1\frac{1}{4}$, $1\frac{1}{4}$, $1\frac{1}{4}$, $1\frac{1}{4}$, $1\frac{1}{4}$, $2\frac{1}{2}$, $2\frac{1}{4}$, $2\frac{1}{4}$, $3\frac{1}{4}$, $3\frac{1}{4}$, 4, 19, 23, 30, 36 and 58 years respectively.

The number of Capetown cases of true ophthalmia neonatorum notified during the year was therefore 228, comprising 33 European (15 males and 18 females) and 195 non-European (101 males and 94 females).

Of these 228 cases, 37 were born in institutions and 191 at home. Of the 191 home confinements, 10 were recorded as having been attended by doctors, 173 by midwives only, and 8 were unattended.

The reason why ophthalmia neonatorum is a notifiable disease is that the Medical Officer of Health may ensure so far as possible that the cases shall receive efficient treatment. The disease is recognised as being an important cause of blindness or injury to sight if treatment is not undertaken, while on the other hand the cases respond well to efficient treatment. Every case has therefore been visited by the health visitor at the earliest possible moment after being reported, and many have been seen by the lady

medical officer. In-patient treatment has been supplied by the Somerset Hospital and efforts have been made to ensure that the patient should be admitted to hospital in every case where it has been advisable. In 39 cases in-patient treatment has been secured, 38 in the Somerset Hospital and 1 at the Peninsula Maternity Hospital. In the other 189 cases, 10 patients received out-patient treatment (5 at the Somerset Hospital, 2 at the Woodstock Hospital, 2 at the Free Dispensary and 1 at the Peninsula Maternity Hospital), and 179 were treated at home. Of the 179 cases treated at home, 141 were attended to by nurses from the District Nursing Organization of the Cape Hospital Board.

Efforts were made to see all children after the completion of the treatment and the

results were as follows:—

Eyes completely recov	ered		 		 213
Cases of blindness					
Sight damaged			 		 _
Died before recovery			 • •		 4
Lost trace of		• •	 • •	• •	 11
					228

It is to be recorded that the health visitors reported 82 of the cases as "slight" and 143 as "moderate" or "grave"; whilst there was no information on this point in 3 cases.

In addition to the above figures there were at the Langa location 1 native male case of ophthalmia (aged at the time of onset 3 days) and 2 native female cases (aged at the time of onset 3 days, and 12 days respectively).

TYPHUS FEVER.

Two cases were reported during the year 1935-36, but not of the epidemic louse-borne type. The particulars were as follows:—

European male, aged 4. Ward 14. Admitted to City Hospital 5th November, 1935. On 28th October a tick was removed from the left ear, which was swollen. Pyrexia before admission, but none while in hospital. Very profuse rash. Weil-Felix 6th November, 1 in 20 + + + +, 1 in 100 + + +; 7th November, 1 in 20 + + + +, 1 in 100 + + +; 1 in 100 + + +; 1 in 100 + + +; 1 in 100 +; 1 in

European male, aged 54. Ward 13. Admitted to City Hospital 27th January, 1936. Visited Kommetjie 3rd-6th January. Indefinite history of "insect" bite on finger during that time. Onset of illness 14th January. While in hospital no pyrexia, sparse rash on chest and back. Weil-Felix 28th January + + + 1 in 20, 100 and 500. Diagnosis either endemic (flea-borne) typhus or tick-bite fever.

The Weil-Felix tests referred to above were performed in the Government

Health Laboratory, Capetown (Dr. W. F. Rhodes) with Proteus X 19.

TRACHOMA.

Eight cases of this disease were notified during the year in the persons of Capetown residents, in addition to 3 cases who were admitted to the Somerset Hospital from outside the Municipality. The following particulars refer to the 8 Capetown cases.

Two were in Indians (males, aged 15 and 16) who had come to South Africa from India for the first time six months before notification, already suffering from the disease.

One other Indian (male aged 19), born in South Africa, had lived in India from 1921 to 1927 and spent nine months there in 1934. When notified in June, 1936, he was considered to have had the disease about five years.

Two coloured patients in one family (C.F. 18 and C.M. 13) living in Ward 11 had suffered from the disease "since they were small." At time of onset they were living in the same house as at present.

One coloured patient (C.M. 10) living in Ward 7 gave a history of one month's duration. One European patient (E.F. adult) living in Ward 8 had suffered since childhood, when she was living in Capetown.

One native patient (N.M. 30) living at the Docks location (Ward 2) gave a history of six weeks' duration.

Three cases were treated as in-patients at the Somerset Hospital and 5 as out-patients there. All the cases were notified by medical officers of that hospital.

LEPROSY.

The cases of this disease notified during the year were an East African native male, aged 30, in Capetown Gaol, of no previous fixed abode, and a native male adult who stated that he was a resident of Langa location, but whose address was unknown. The former, an advanced case with positive nasal smears, was admitted to the Capetown Infirmary and afterwards removed to the Pretoria Leper Institution. The latter, an earlier case with positive nasal smears, disappeared and was not found again.

ANTHRAX.

No cases of this disease occurred during the year, but one patient (E.M. 50, Ward 9) admitted to the City Hospital for anthrax proved to be a case of streptococcal boil on the arm.

LEAD POISONING.

One case of chronic lead poisoning was reported (by a private medical practitioner) during the year in the person of a European male, aged 41, living in Ward 6. The patient was a warder at the Capetown Gaol and no exposure to lead was found at the gaol or at his home address. At both places the water service pipes were of iron, the only lead pipes being at the connection to the main.

MEASLES.

There were 3 deaths from measles in the year 1935-36, all Europeans, the disease being in a phase of quiescence.

In the following table measles mortality figures for the whole City and its constituent wards are shown for 1935-36 and previous years:—

								V	VAR	DS.							
Years (1st July to 30th June).	Race.	Sea Point.	Harbour.	West Central.	Kloof.	Park.	East Central.	Castle.	Woodstock.	Salt River.	Mowbray.	Maitland.	Rondebosch.	Claremont.	Kalk Bay.	Wynberg.	City.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1923–1924	Eur. Non-E.	_	1 5	2 7	1 8		2 45	23	4 7	8		$\frac{2}{3}$	$\frac{1}{3}$	1 2	-2		20 116
1924–1925	Eur. Non-E.		_	_				1	1	_				_			$\frac{1}{2}$
1925–1926	Eur. Non-E.	_	-2				1	_				1	-				6
1926-1927	Eur. Non-E.		1	$\begin{bmatrix} 2 \\ - \end{bmatrix}$	_ l		2 4	1 6	1 1	$-\frac{2}{2}$	1	7	$\frac{1}{9}$	5	-		9 38
1927–1928	Eur. Non-E.	_	1 —	$\begin{bmatrix} - \\ 2 \end{bmatrix}$			-3	_	2	$-\frac{1}{3}$		1			1	1	$\frac{3}{12}$
1928–1929	Eur. Non-E.		_				1	_ 1	$-\frac{2}{2}$	1 —	1	$\frac{2}{1}$		$\frac{1}{2}$		3	9* 9
1929–1930	Eur. Non-E.		_ 1	1			5	_ 1	1	_			$\frac{}{2}$	<u> </u>	1	2 5	$\frac{3}{17}$
1930–1931	Eur. Non-E.		 1	1		_		_					12		_		17
1931 1932	Eur. Non-E.	 1	_	$\begin{bmatrix} - \\ 2 \end{bmatrix}$	1	_	7	7	3 6	$\frac{1}{3}$	$\begin{bmatrix} 2 \\ - \end{bmatrix}$	$egin{array}{c} 2 \ 2 \end{array}$	3	$\frac{}{2}$	 1	4	8 39
1932–1933	Eur. Non-E.			_	_	_	_	_	_	_			_			_	_
1933–1934	Eur. Non-E.		$\begin{bmatrix} 2 \\ - \end{bmatrix}$	2	$-\frac{}{2}$	l		9	$\frac{1}{3}$	_						<u> </u>	$\begin{bmatrix} 3 \\ 23 \end{bmatrix}$
1934–1935	Eur. Non-E.	_	 	1	4		10	 4	_ 1	$\frac{3}{2}$	$\begin{bmatrix} -2\\3 \end{bmatrix}$	4	$\frac{1}{28}$	7			6 80
1935-1936	Eur. Non-E.	1						_		-	_	$-\frac{2}{2}$		_			3

^{*}Including 1 case not allocated to any ward (address unobtainable).

WHOOPING COUGH.

There were 188 deaths from this disease for the year 1935-36:10 European and 178 non-European.

In the following table the whooping cough mortality is shown for the whole City and its constituent wards for 1935-36 and ten previous years :—

								WA	RD	S.							
Years (1st July to 30th June).	Race.	Sea Point.	Harbour.	West Central.	Kloof.	Park.	East Central.	Castle.	Woodstock.	Salt River.	Mowbray.	Maitland.	Rondebosch.	Claremont.	Kalk Bay.	Wynberg.	City.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1925–1926	Eur. Non-E.		_		1	_	1 3	3	2	1	1	3		_	_ _1		5 20
1926-1927	Eur. Non-E.		l				4	_ 	1 1	3	1	1	3	9	_		7 19
1927–1928	Eur. Non-E.		_ _1	1 4	_ 1	_1	5		7	2 3		2 12	_ 11	3 8	2	2	21 74
1928–1929	Eur. Non-E.		_ 1	_ _1	1	_	1 2	3	$\frac{2}{2}$	3 1	1	_ 1	_ 	2 2	1 4		11 32
1929–1930	Eur. Non-E.	1		_1	_		2 2	1		1	1	_	_ 	_	3	_	$\begin{array}{c} 6 \\ 15 \\ \end{array}$
1930–1931	Eur. Non-E.		1			_	1 7	9	1 2	1		_ 	4	8	1 1	1 8	9 58
1931–1932	Eur. Non-E.		2	3	 _4	_	_ 	3 	_	3 1		1 6	3	3	7	2	8 4 4
1932–1933	Eur. Non-E.			2	1 2	_	2	2	2 5	$\frac{1}{2}$	_	1 _	$-\frac{2}{2}$	2 2		3 7	10 32
1933–1934	Eur. Non-E.	_	_	2			 _1 	_			_					$\frac{1}{3}$	1 19*
1934–1935	Eur. Non-E.		1	_	_		_2	1	1 3	1 3	_ _1 	2 4					5 19
1935–1936	Eur. Non-E.	2 2	4	3	-6	_1	1 17	19	 13	1 10		3 19	_ 45	8			10 178

^{*}Including 1 case not allocated to any ward (address unobtainable).

The mortality from whooping cough was greater in the year under report than in any year since the unification of the City in 1913. The deaths had reached epidemic proportions in the last month of the previous year (June, 1935) and so continued until February, 1936, when they declined. The epidemic may be regarded as having finished by the end of May, 1936.

The mortality was mainly amongst the non-Europeans (10 European deaths as compared with 178 non-European).

Nine of the 10 European deaths were of children under five years of age (under 1 year 4, 1-2 years 2, 2-5 years 3); the other was an adult in the 65-75 years age-group. Of the 178 non-European deaths 171 were of children under five years of age (under 1 year 78, 1-2 years 51, 2-5 years 42); the other 7 were in the 5-10 years age-group.

In comparing the mortality from this disease of childhood in the two races, account must be taken not only of the actual number of deaths, but also of the size of the child-populations affected. Thus, the death rate from whooping cough of children under one year of age per 1,000 births was 8 times as great in non-Europeans as in Europeans (11.5 compared with 1.4). A similar rate of deaths of children aged from one to two years can be calculated from the births (less all deaths under one year) in the previous year; this gives a death rate for non-Europeans 10 times as great as for Europeans (9.4 compared with 0.9).

The preponderance of mortality in the non-Europeans is a reflection of the poverty, bad housing and other associated social evils that obtain amongst them.

It is noteworthy that the mortality from whooping cough was greatest amongst the non-European population of the Cape Flats. In Wards 11, 12 and 14, where there is a large population living on the Flats, the non-European whooping cough mortality rate was about double the rate for the wards of Capetown and Woodstock (Wards 2-9), whether expressed as per 1,000 non-European population or per 1,000 non-European births.

Other statistical information will be found in Table A, on pages 106 and 107 and in the tables on pages 21 and 25.

DIARRHOEA.

The deaths certified in the year 1935-36 as being due to diarrhoea and enteritis amounted to 392 (37 European and 355 non-European), equivalent to a death rate of $1\cdot 33$ per 1,000 population ($0\cdot 24$ European and $2\cdot 52$ non-European).

The deaths were classified as follows:—

Code Number.	Eur.	Non-Eur.	All Races.
456 Diarrhoea and enteritis (under 2 years)	25	328	353
457 Diarrhoea and enteritis (2 years and over)	9	23	32
014 Cholera nostras		_	
015 Dysentery, amœbic		1	1
016 Dysentery, bacillary	3	3	6
017 Dysentery, other			
Total	37	355	392
_			

In the tables on page 28 the rates of mortality (per 1,000 births) from diarrhoeal diseases are shown over a period of years, for infants under one year and for infants between one and two years. They show clearly, the great decline that has taken place in the mortality from infantile diarrhoea. The effect of this on the death rate from diarrhoeal diseases at all ages (per 1,000 population) is shown in the table on page 22

In addition to the 392 deaths recorded above there were during 1935-36, 12 deaths from diarrhoea and enteritis in the native locations of Langa and N'dabeni. These are included in the following table:—

Months.	Race.	L Sea Point.	Barbour.	ω West Central.	4 Kloof.	c, Park.	e East Central.	castle.	ω Woodstock.	& Salt River.	of Mowbray.	I Maitland.	Rondebosch.	g Claremont.	F Kalk Bay.	J. Wynberg.	Langa Native Location.	N'dabeni Native Location.	Not Allocated.	Totals: A.	Totals: B.	Temperature of air in the shade (mean at 8 a.m.)	Earth temperature, range at 4 it.	Rainfall in unches.	Total hours of bright	sunsing.
July, 1935 (5 Weeks)	Eur. Non-E.	1	_ _	_			1	$\frac{1}{2}$		_	1	$\frac{}{2}$	4	1 7	$\frac{}{2}$	$\frac{1}{2}$		_		4 21	4	51 ·91	60 · 0 to 61 · 3	4 · 48	hrs. 189	mins 25
Aug., 1935 (4 Weeks)	Eur. Non-E.		 		3		3	$\frac{1}{2}$	_	1			$\frac{1}{2}$			4		_		15		54· 1 1	59 · 9 to 61 · 9	3 · 14	227	0
Sept., 1935 (4 Weeks)	Eur. Non-E.	1	1	1			${2}$	 1	1	_ 1	<u>-</u>	1	4	_	 1		_	 		14	_	54 · 71	61 · 7 to 63 · 9	2 · 10	196	40
Oct., 1935 (5 Weeks)	Eur. Non-E.	-	_ 1	1		_		$\frac{}{2}$	$\frac{1}{2}$	_		1		2						11	_	60 ·11	63 · 5 to 68 · 2	0.46	277	10
Nov., 1935 (4 Weeks)	Eur. Non-E.	_	_	1	1		4	2	$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	1 1		1	4	1		1	1	_		3 19	3	64 · 48	68·1 to 72·3	0 .92	316	40
Dec., 1935 (5 Weeks)	Eur. Non-E.	_	2	1	$\frac{1}{2}$	1	16	3	1	$\begin{bmatrix} 2 \\ 2 \end{bmatrix}$	$\frac{1}{2}$	$\frac{1}{2}$	1 8	9		12	5			4 66	4	66 · 1 3	72 · 7 to 76 · 3	0.08	331	30
Jan., 1936 (4 Weeks)	Eur. Non-E.	1	2				1	1 3	1	1 1	1 1	2	13	10	3	15	1	_	1	6 53	6	64 ·44	$\begin{array}{c} 76 \cdot 0 \text{ to} \\ 77 \cdot 9 \\ \end{array}$	2.33	321	45
Feb., 1936 (4 Weeks)	Eur. Non-E.	=		1]		3	5	1 3	3		1	1	4	3	6	2	_	_ 	$\begin{bmatrix} 3\\32 \end{bmatrix}$	4	62 · 28	76 · 5 to 77 · 9	0.34	286 ———	10
Mar., 1936 (5 Weeks)	Eur. Non-E.	E	_		5		8	4	1	$\begin{bmatrix} 2 \\ 2 \end{bmatrix}$		1 1	6	1 9	1 3	4	1			5 44	6	63·81 	75 · 3 to 76 · 5	0.80	271	10
April, 1936 (4 Weeks)	Eur. Non-E.		3	1	1	1	1 3	1	1 3	4		$\frac{}{2}$	2	6	2	3 6	_ 	_	<u></u>	33 —–	7	59 · 16	71 ·8 to 75 ·1	0 . 54	234	40
May, 1936 (4 Weeks)	Eur. Non-E.			$\frac{1}{2}$	1 4		$\begin{bmatrix} 1 \\ 2 \end{bmatrix}$	1	3	3	1	1 3	_	5	4	$\frac{1}{2}$	2	_	1	3 33	3		65 · 0 to 71 · 4	2 · 20	202	35
June, 1936 (5 Weeks)	Eur. Non-E.			1	$\begin{bmatrix} 1 \\ \cdot 3 \end{bmatrix}$		7	4	3	_ 1		1		1 2	2	$\frac{}{2}$	_	_		$\begin{bmatrix} 2 \\ 26 \\ \end{bmatrix}$	2	54 · 44	62 · 0 to 65 · 0	2 · 15	175	40
Year (53 Weeks)	Eur. Non-E.	$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	9	$\begin{bmatrix} 1 \\ 8 \end{bmatrix}$	$\begin{vmatrix} 3 \\ 19 \end{vmatrix}$	1 1	$\begin{bmatrix} 2 \\ 52 \end{bmatrix}$	30	4 20	6 19	$\frac{1}{5}$	$\frac{2}{17}$	$\begin{bmatrix} 2 \\ 44 \end{bmatrix}$	4 5 5	$\frac{1}{20}$	5 54	$\left \frac{}{12} \right $		1	37 367	39	59 ·02	59·9 to 77·9	19.54	3,030	25

A. Corrected for outward transfers.

B. Corrected for outward and inward transfers.

It will be seen that the mortality was highest during December and January and lowest during August, September and October. It was more in the autumn half of the year than in the spring half.

Of the European deaths from these causes (corrected for outward transfers), 19, or 51 per cent., were in children under one year of age, and 26, or 70 per cent., in children under 5 years of age. The corresponding figures for the non-European deaths, including deaths in the native locations, were 268, or 73 per cent., under one and 355, or 97 per cent., under 5.

VENEREAL DISEASES.

The number of deaths (corrected for outward transfers) certified during the year 1935-36 as being due to syphilis was 112 (101 non-European and 11 European); and from general paralysis 31 (24 non-European and 7 European). The sum of these figures is equivalent to a death rate per 1,000 population of 0.90 for non-Europeans and 0.12 for Europeans. These rates do not represent the total mortality caused by syphilis.

Of the 101 non-European deaths certified as being caused by syphilis, 58 were of children under one year of age and 67 under five years of age. Of the 11 European deaths, one was of a child under one year of age and the remainder adults. Of the adult deaths 32 were of males and 11 of females. Of the deaths from general paralysis one was in the age-group 10-15 years, 2 in the age-group 15-25 years, and the rest older: 5 were females (all non-European) and 26 males. There were no deaths from tabes dorsalis.

The deaths in previous years are shown in the table on page 21.

There were 3 deaths (non-European) certified as due to gonorrhœa during the year under report.

The Council's scheme for the treatment of venereal disease included (a) municipal treatment centres and (b) in-patient treatment at the City Hospital. Part of the approved expenditure on these services is repaid to the Council by the Union Government.

Municipal Treatment Centres.—There are three treatment centres for venereal diseases, viz., at the City Hospital, Portswood Road, Capetown, at Spencer Road, Salt River, and at Church Street, Wynberg.

During the year under review there have been held 201 sessions for males and 251 for females at the City Hospital, 201 for males and 204 for females at Salt River, and 99 for males and 101 for females at Wynberg. Anti-syphilitic treatment of mothers and children is also given at the pre-natal clinics at the maternal and child welfare centres.

Particulars of the work done at the treatment centres and pre-natal clinics will be found on page 89.

Cards in both official languages containing warning notices in regard to these diseases and the times of the clinics at the treatment centres, are hung up in all the public conveniences for both sexes, and they have been supplied for similar use in conveniences controlled by the Railway Administration and at factories, etc. throughout the City. They have also been supplied for display in chemists' shops.

In-patient Treatment.—There are wards at the City Hospital, Portswood Road with beds for 24 cases of venereal disease, giving separate accommodation for males and, females, European and non-European. During the year ended 30th June, 1936, the cases of venereal disease that were admitted from Capetown numbered 197 (72 European and 125 non-European), and from outside the Municipality and from ships in the Capetown Harbour 34 (24 European and 10 non-European).

Particulars in regard to the cases at the City Hospital will be found in the report of the Medical Superintendent on page 94.

Propaganda.—Good work is being done by the Capetown Society for Combating Venereal Disease. This body receives annual subsidies from the Union Government (£100), the City Council (£50), and the Cape Divisional Council (£25).

The operations of the Society have consisted chiefly in the holding of public meetings, where medical addresses and cinematograph exhibitions are given on the subject of venereal disease. Pamphlets have been printed by the Society and are used mainly for distribution at the public meetings, which are well attended.

The Society works in close co-operation with the City Health Department. This is ensured by the fact that the Hon. Secretary is Dr. C. K. O'Malley, the Medical Officer in charge of Venereal Disease Clinics.

CANCER.

The number of deaths (corrected for outward transfers) certified during the year as being due to cancer or malignant disease was 321 (156 males and 165 females), of which 210 (103 males and 107 females) were of Europeans and 111 (53 males and 58 females) were of non-Europeans.

The death rates for cancer per 1,000 population concerned (corrected for outward and inward transfers for Europeans and for outward transfers for the whole population and for non-Europeans) was therefore:—

For the whole population . . . $1 \cdot 11$ (males $1 \cdot 11$; females $1 \cdot 16$) For Europeans $1 \cdot 40$ (males $1 \cdot 43$; females $1 \cdot 37$) For non-Europeans $0 \cdot 79$ (males $0 \cdot 77$; females $0 \cdot 81$)

From the foregoing figures it will be observed that the recorded rate of mortality from this disease amongst Europeans was greater by 77 per cent. than amongst non-Europeans.

The variation in cancer mortality during the past ten years is shown in the table on page 22, where it will be seen that for both Europeans and non-Europeans the rate for the year under report was higher than that of the previous decennium.

The parts of the body affected in deaths from cancer, and other facts, are shown in Table A, on pages 108 to 111.

SECTION IV.—MATERNAL AND CHILD WELFARE AND THE WORK OF THE HEALTH VISITORS.

The chief developments in this branch of the City Health Department during the year under report were as follows:—

Of the two assistant medical officers added to the Department in July, 1935, one, a woman medical officer, was appointed to the maternal and child welfare branch, the full-time medical staff of the branch being thereby increased to three. In addition to nine weekly medical sessions at the welfare centres and certain administrative duties, she conducts a weekly session in the venereal disease clinics. The liaison between the two branches is also strengthened by the fact that the other new assistant medical officer (male), who was appointed to the venereal disease branch, conducts four weekly sessions at the child welfare centres. At the end of June, 1936, about 27 sessions a week were being undertaken at the welfare centres by full-time medical officers of the Department and about 22 by part-time medical officers, in addition to 4 weekly sessions by part-time dental surgeons.

The staff of health visitors was increased by 2 to cope with the increase in work of the branch. At the end of the year it numbered 30, including the chief health visitor, the social welfare investigator, the supervisor of midwives, and the two health visitors for diphtheria prophylaxis and the school clinics (but not the tuberculosis health visitors).

In December, 1935, the scheme of the Dairy Industry Control Board for the supply of milk to school children was extended by the daily provision of free milk to necessitous

children under school age at the child welfare centres.

In response to a request from the Citizens' Housing League Utility Company a weekly infant consultation was established on 4th July, 1935, at the Martin Adams Hall, Brooklyn, to serve the needs of the residents (European) of the Good Hope Model Village, a public housing scheme. The mothers have availed themselves of this service and attendances have been well maintained throughout the year.

In February, 1936, the monthly pre-natal clinic for residents in the Cape Divisional Council area, held at the Maitland welfare centre, was altered to a fortnightly session to serve children as well as expectant mothers. The health visitor is in attendance at the same hour in the alternate week. A grant is made by the Cape Divisional Council in

respect of the expenses of this clinic.

Owing to the closure of the Jane Waterston Memorial Maternity School, the weekly pre-natal clinic held at the Aspeling Street welfare centre for patients booked for confinement by that institution, was closed on 30th August, 1935. A new ordinary pre-natal weekly clinic was, however, started at that centre on 5th July, 1935, to cope with the increase in numbers, so that there are still two pre-natal sessions a week.

With the opening of new factories in many areas the need for day nurseries and nursery schools becomes increasingly apparent. In many homes the mother is the regular wage earner and she finds it difficult to make proper provision for her children during her absence. No action has yet been taken on the reports of the Medical Officer of Health in favour of the establishment of nursery schools by the City Council.

NOTIFICATION OF BIRTHS.

The Regulations re Early Notification of Births (made by the Minister of Public Health in 1920) require the notification of births in the Municipality within 24 hours.

During the year 1935-36 the number of births (and still-births) notified was 10,732, as follows:—

In the table on the next page, the births (and still-births) notified as having taken place in the Municipality during the year are classified by wards according to the manner in which the mothers were attended.

The following is a summary of the results:—
In private houses:

Attended.		Births.	Percentage
By private doctors		751	7 .4
By private midwives		6,084	$59 \cdot 7$
By public midwives or midwife students		1,241	$12 \cdot 2$
In institutions:		8,076	79.3
Public institutions	• •	1,604 515	$ \begin{array}{r} \hline 15 \cdot 7 \\ 5 \cdot 0 \end{array} $
. *		2,119	$\frac{1}{20\cdot7}$

BIRTHS AND STILL-BIRTHS NOTIFIED, CLASSIFIED AS TO ATTENDANCE AT CONFINEMENT AND AS TO HOME ADDRESS OF MOTHER, FOR THE CALENDAR YEAR 1ST JULY, 1935 TO 30TH JUNE, 1936.

m ons	.ed	nəbia	Non-Res	11	12	13	1	 - 	1	1			1	47	140	20	22	$\frac{2}{110}$	445
Excluded from regoing column	ons		N'da- beni	1										-	1		1	1 1	
Excluded from foregoing columns	Native Locations		Lan- ga N			<u> </u>								ا بر	19	~		-	35
			Total of Wards	751	2,263	3,821	4	196	- T	141	25.6	3	67.0	243	938	111	က <u>;</u>	4 4 515	10,195
			Not I allo-cated. W			<u>ස</u> වෙ							-	 -					4 10
		15	Wyn-	121	213	641				1				10	55		1	34	1,115
		14	Kalk Bay	45	30	344				1	1			77 <u>x</u>	16	1			484 1
	-	13	Clare- mont	13	248	556		c1 -	-		-	- I	Ģ	1 % %	63	က	'	1 48	1,037
		12	Ronde-	67	474	476			⊣	1	1	<u> </u>		01	38	6		62	1,209 1,037
CITY.		11	Mait- land	59	187	439			1	1	Ť.		(ο c 7.	79	6	1 '	1	815 1
THE CL		10	Mow- bray	54	134	39	1	c	1				I.	χ α	42	_	1	49	356
OF TI		6	Salt	77	281	255	_	1 6	3		1		ŗ		68	61		188	786
ARDS		∞	Wood- stock	99	153	283		₹# 6	င်င	ಸ್ತ	١٠	۱	F	ာ O	66	4	_	10	749
WA		7	Castle	39	184	237	_	150	101	36	10	20	-	106	103	91	;	12	894
	ł	9	East Cen- tral	45	204	268	_	101	001	70	016	1	i	17.	158	20	1 8	22 23	1,249
		70	Park	∞	22	19	П	°	υ	67	1	H	d	34	23	12	1	1 58	198
		4	Kloof	53	59	141	1	67	27	20	186	3	G	220	48	00	1	37	519
		က	West Cen- tral	13	25	80		74	7.	4	1 =	2		=	24		1	21 —	277
		23	Har- bour		36	35		42	3	4	١٩	1	F	4 5	33	9	j '	2110	233
		1	Sea Point	44	13	9	1	— -	-	١	-	-		30 A	24	9	'	1 139	270
		CLASSIFICATION.		A. Private doctors B. Private midwives (including any non-medical persons attending a	(1) Certificated	(2) Uncertificated C. Midwives (or midwife students) from		(2) St. Monica's Home	(4) Jane Waterston Memorial	Training School for	(6) Unstruct nurse midwives (6) Vrede Oord Thin Plain	lical stu	Conf	(1) Boom Memorial Home (2) St. Monica's Home		_		(7) Private nursing homes	TOTALS

Births actually occurring in the Native Locations are excluded from the above table. They numbered 86 for Langa and 5 for N'dabeni: Total 91.

SUPERVISION OF MIDWIFERY.

In South Africa, except in "prescribed areas," women who are not certificated and registered with the Medical Council are not precluded from practising as midwives. In all Municipalities, however (and in the area of the Cape Divisional Council) the practice of midwifery is controlled by Union Government Regulations under the Public Health Acts, which came into force in June, 1931, and have since been amended.

Under these regulations a list is kept by the City Council of persons, other than medical practitioners, practising midwifery in the municipal area. No person may practise midwifery whose name is not on the list. The Council may refuse to place on the list or may remove from the list the name of any person whose practising it considers would be prejudicial to the public health. Such action is subject to confirmation by the South African Medical Council in the case of certificated registered midwives, and by the Minister of Public Health in the case of other midwives.

Midwives desiring to practise in the Municipality are required to apply to the Medical Officer of Health and must submit a certificate of freedom from infectious disease. They must conform to certain standards as regards personal cleanliness, clothing, midwifery bags, and the conduct of cases, and must keep a prescribed register of cases, which must be submitted for inspection periodically.

One of the health visitors is appointed as supervisor of midwives. Under the control of the lady medical officer she undertakes the guidance and instruction of untrained midwives. She watches them in their actual work in certain cases and gives periodical demonstrations and lecturettes on the occasions of the routine inspection.

The visits during the year to midwives in their own homes numbered 1,363. In connection with the administration of the Children's Protection Act in lying-in homes the supervisor made 33 inspections.

During the year 47 midwifery inspections were held at the welfare centres, at which the midwives made 269 attendances.

The transactions on the list of midwives in the year under report is indicated by the following table:—

Midwives.	Certifi	cated.	Uncerti	ificated.	Total.
	Eur.	Non-E.	Eur.	Non-E.	
On list 30th June, 1935	116	38	21	68	243
Added to list during 1935-36	11	3	1	7	22
Removed from list during 1935-36 by resolution of Council				3	3
Removed from list during 1935-36, having ceased to practise in the Municipality	19	3	4	7	33
On list 30th June, 1936	108	38	18	65	229

Two applications (from non-European uncertificated women) to be added to the list were refused by resolution of the Council.

It will be seen that on 30th June, 1936, there were on the list 146 certificated midwives (108 European and 38 non-European) and 83 uncertificated (18 European and 65 non-European). During the year, of a total of 10,195 births, 3,821 or 37 per cent. were attended by uncertificated persons. The proportion is declining year by year.

In three instances during the year the names of midwives were removed from the list by the Council on account of their unsuitability, and there were two formal refusals by the Council of applications for permission to practise.

Two women were prosecuted for continuing to practise after the removal of their names from the list of midwives, and received suspended sentences. A third woman was similarly prosecuted and received a suspended sentence, but continued to practise and was prosecuted a second time, when she was sentenced to prison in lieu of payment of a fine.

In 104 cases midwives were referred for special interview with a medical officer in connection with their work.

In 55 cases midwives were reprimanded by letter.

Good progress has been made in this section of the Department during the year. The uncertificated midwives, who work under great difficulties in the poorer districts, have shown a continued improvement in their method of work. They are realising the importance of pre-natal supervision and are making use of the pre-natal clinics. Many attend with their patients for advice and treatment. They show great interest at the periodical inspections and lectures, and since the end of the year under report a sound-cinema projector has been purchased for use at these.

The services of a midwife were paid for from a charitable fund in nine cases, and two midwives were provided with equipped midwifery bags from the same fund, which has also continued to provide equipped maternity baskets to indigent mothers in special cases.

Midwives are required to call in medical aid in the event of any abnormality or emergency, and in cases of poverty the Department undertakes to pay the medical man called in, in accordance with a fixed scale of fees. During the year such payments were made in 81 cases, at a total cost of £63 4s. 6d.

HEALTH VISITORS.

The number of health visitors in this section (June, 1936) is 26, besides one whose time is devoted to work in connection with diphtheria prophylaxis, and four whose duties are entirely in connection with tuberculosis. In addition there are the chief health visitor, the social welfare investigator, and the supervisor of midwives. The work of the health visitors is primarily educational and preventive in nature. Some of their duties are given below:—

- 1. Visits to houses where births have occurred. In the cases attended by a trained midwife the visit is postponed until after the tenth day, when the attendance of the midwife has ordinarily ceased, but in the cases attended by uncertificated persons the visit is made as soon as possible after the birth, to see that all is well with the mother and child. Advice is given as to the proper care and feeding of the infant and the mother is invited to bring her baby to the nearest centre as soon as she is able.
- 2. Visits are also made in connection with protected infants, *i.e.*, those children under seven years of age who, not being in the care of their own parents or near relatives, are under the supervision of the resident magistrate (Children's Protection Act No. 25 of 1913). The health visitors report on these children every three months, and their reports are forwarded to the magistrate.
- 3. Visits are made to expectant mothers, wherever possible, to advise and assist them in making arrangements for their confinements, and to supplement the work of the prenatal clinics.
- 4. Cases of ophthalmia neonatorum, puerperal fever, pneumonia, measles, whooping cough, etc., are visited and advice given where necessary as to nursing and precautions to be taken.
- 5. Investigations are made for the purpose of assessment of fees in certain cases admitted to the City Hospital and enquiries made into indigent cases of confinement where fees are payable to a medical practitioner called in by a midwife under the Council's scheme.
- 6. Each health visitor also assists at certain of the sessions of the welfare centre for her area.

The following table shows the number of visits made during 1935-36 and previous years by the health visitors, including the special health visitors for tuberculosis and diphtheria prophylaxis, the supervisor of midwives and the social welfare investigator:—

	1									
Classification of Visits.				Nu	mber of	Visits.				
	1935-36	1934-35	1933-34	1932-33	1931-32	1930-31	1929-30	1928-29	1927-28	1926-27
Visits to houses where births have occurred Subsequent visits to houses where births	10,416	9,360	9,822	9,649	10,029	10,510	9,637	9,504	8,657	7,933
have occurred Visits to houses where	32,774	32,399	34,741	35,558	31,951	34,334	31,405	29,473	27,706	27,498
deaths under 5 years of age have occurred Visits to expectant	859	729	736	457	466	226	166	327	293	278
wothers Visits re Protected In-	2,595	2,480	2,200	2,278	1,713	1,381	762	980	195	
fants	$\begin{vmatrix} 3,097 \\ 4,207 \end{vmatrix}$	3,091 3,890	3,253	3,123	3,166	3,229	2,699	2,479	2,102	1,966
culosis Visits re cases of puer-	8,142	6,547	6,087	6,624	6,265	6,450	5,234	8,026	5,741	4,003
peral fever Visits re measles Visits re whooping cough Visits re diarrhoea Visits re chicken-pox	$\begin{array}{ c c c }\hline 107 \\ 16 \\ 250 \\ 21 \\ 18 \\ \end{array}$	$ \begin{array}{r} 109 \\ 324 \\ 51 \\ 56 \\ 10 \end{array} $	239 97 18 310 26	74 8 76 11 18	69 56 34 37 26	96 125 99 23 24	$egin{array}{c} 82 \\ 38 \\ 14 \\ 8 \\ 25 \\ \end{array}$	93 75 4 27 29	84 72 28 37 51	84 202 40 80 18
Visits re ophthalmia neonatorum Visits re pneumonia Visits re trachoma Visits re influenza Visits re other diseases	650 670 8 22 6	919 754 15 22 42	765 344 2 8	845 309 12 22	927 461 13 264	1,058 365 11 268	615 366 40 631	510 445 22 555	476 477 16 488	397 380 8 262
Visits re diphtheria immunization Visits re midwives Visits to schools Visits to school children Visits to shops and	1,240 1,754 284 1,273	$\begin{array}{c c} 1,220 \\ 2,171 \\ 288 \\ 1,248 \end{array}$	2,686 1,976 146 815	1,756 1,118 161 1,098	1,666 1,434 138 567	1,118 64	748 46	1,186	1,333	947 63
factories Visits to nursing homes	75 33	57 27	$\begin{bmatrix} 73 \\ 40 \end{bmatrix}$	147 31	$\begin{bmatrix} 165 \\ 29 \end{bmatrix}$	188 48	$\begin{array}{c} 125 \\ 11 \end{array}$	33	$\begin{bmatrix} 140 \\ 24 \end{bmatrix}$	81 27
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	11	6	30	3	10	12	39	63	19	15
ment	165	141	218	258	273	191	87	75		
tions Other visits Investigation of cases for	970 514	642 635	5,067	5,731	4,216	4,232	2,499	1,762	3,241	2,623
the Board of Aid Visits by Social Welfarc			-	_	-	_	_	_	270	396
Investigator	3,581	3,056	2,195	4,309	3,373	4,541	3,782	2,517	1,924	
Total visits	73,758	70,289	71,894	73.676	67,348	68,593	59,059	58,291	53,432	47,301 ———
Complaints referred to Chief Health Inspector	27	60	12	9	27	28	28	29	81	83

Besides the health visitors, there are employed in this branch of the Department an attendant at the cleansing station, nine domestics at welfare centres, a storekeeper with assistant and domestic staff; and also three clerks, of whom one is trained in social work.

SOCIAL WELFARE INVESTIGATOR.

In connection with the maternal and child welfare section many cases come to the notice of medical officers and health visitors which require advice and guidance from the social and moral standpoint, especially in connection with the unmarried mother.

A record of work done during the year 1935-36 by the social welfare investigator is given below:—

C10 W •					
New cases investigate	ted		 	 	873
Visits to institu	tions		 	 824	
Visits to cases			 	 1,700	
Visits to Govern	nment (Offices	 	 156	
Other visits			 	 901	
Total visits			 	 	3,581
Office consultations			 		1 585

MATERNAL AND CHILD WELFARE CENTRES.

Ten Maternal and Child Welfare Centres are maintained, viz.:—

City Health Department, 12, Keerom Street, Capetown.

Aspeling Street, Capetown.

St. James Street, Woodstock.

Norfolk Road, Maitland.

Good Hope Village Hall, Brooklyn.

Lawrence Road, Athlone.

Station Road, Claremont.

Lansdowne Hall, Lansdowne.

Town Hall, Wynberg.

Retreat Road, Retreat.

In addition to the above a weekly infant consultation for natives is held at the Langa Location Hospital.

At these centres 53 medical sessions per week were being held at the end of the

year under report, as follows:-

,			Infant Consu	Itatione	
TZ C4			*		N E
Keerom Str	еет	• •	Tuesdays	2 p.m.	Non-Europeans.
			Wednesdays	2 p.m.	Europeans.
			Thursdays	2 p.m.	Non-Europeans.
Amalina St.	naa+		Fridays	2 p.m.	Europeans.
Aspeling St	reet	• •	Mondays	2 p.m.	Non-Europeans.
			Tuesdays	2 p.m.	Non-Europeans.
			Wednesdays	_	Europeans (1).
			Thursdays	9 a.m.	Non-Europeans.
Wandataal			Fridays	9 a.m.	Non-Europeans.
Woodstock	• •	• •	Mondays	9 a.m.	Non-Europeans.
			Mondays	2 p.m.	Europeans.
			Tuesdays	2 p.m.	Non-Europeans.
			Wednesdays	9 a.m.	Non-Europeans.
			Wednesdays	2 p.m.	Europeans.
Maitland			Thursdays	2 p.m.	Europeans.
Mardand	• •	• •	Tuesdays	2 p.m.	Non-Europeans.
			Wednesdays	9 a.m. 9 a.m.	Non-Europeans.
			Thursdays		Europeans and Non-Europeans.
Russlelen			Thursdays	2 p.m.	Non-Europeans (1) (2).
Brooklyn	• • •	• •	Thursdays	2 p.m.	Europeans (1).
Langa Athlone	• •	• •	Tuesdays	9 a.m.	Natives (1).
Atmone	• •	• •	Tuesdays	9 a.m.	Non-Europeans.
			Thursdays	9 a.m.	Europeans (1).
			Thursdays	2 p.m.	Non-Europeans.
Claremont		• •	Mondays	2 p.m.	Non-Europeans.
			Wednesdays	9 a.m.	Non-Europeans.
			Fridays	9 a.m.	Europeans.
Lansdowne	• •	• •	Tuesdays	9 a.m.	Europeans (1).
***			Wednesdays	2 p.m.	Non-Europeans.
Wynberg	• •	• •	Tuesdays	2 p.m.	Non-Europeans.
			Thursdays	2 p.m.	Non-Europeans.
			Fridays	2 p.m.	Europeans.
Retreat		• •	Mondays	2 p.m.	Non-Europeans.
			Thursdays	9 a.m.	Europeans (1) (3).
			Thursdays	2 p.m.	Non-Europeans.
			Pre-natal C	linics.	
Aspeling Str	reet		Thursdays	2 p.m.	Europeans and Non-Europeans.
Per			Fridays	2 p.m.	Europeans & Non-Europeans.
Woodstock			Wednesdays	2 p.m.	Europeans.
,, 000.000011	•		Fridays	2 p.m.	Non-Europeans.
Maitland			Wednesdays	2 p.m.	Europeans and Non-Europeans.
			Thursday	2 p.m.	Europeans & Non-Europeans (1) (2).
Athlone			Wednesdays	9 a.m.	Europeans and Non-Europeans.
Claremont		••	Fridays	2 p.m.	Europeans and Non-Europeans.
Wynberg			Tuesdays	9 a.m.	Europeans and Non-Europeans.
Retreat			Wednesdays	2 p.m.	Non-Europeans.
			Thursdays	9 a.m.	Europeans (1) (3).
			Dental Cl	inic	1 (, (,
***				_	AT 73
Woodstock	• •	• •	Tuesdays	9 a.m.	Non-Europeans.
			Tuesdays	2 p.m.	Non-Europeans.
			Thursdays	2 p.m.	Europeans.
			School Cli	nics.	
Woodstock			Mondays	2 p.m.	Europeans and Non-Europeans(4).
			Fridays	9 a.m.	Europeans and Non-Europeans.
			Fridays	9 a.m.	Europeans and Non-Europeans(5).
Maitland			Mondays	9 a.m.	Europeans and Non-Europeans.
Claremont			Thursdays	9 a.m.	Europeans and Non-Europeans.
Retreat			Tuesdays	9 a.m.	Europeans and Non-Europeans.
	hut	modica			twice mouthly

(1) Open weekly, but medical officer attends only twice monthly.

⁽²⁾ There is only one session at Maitland on Thursday afternoons, open both as an infant consultation and pre-natal clinic. It is for residents in the Divisional Council area.

(3) There is only one session at Retreat on Thursday mornings, open both as an infant consultation and pre-natal clinic.

⁽⁴⁾ Ophthalmic session.(5) Dental-clinic session.

The next table shows the attendances (classified for race) made at the infant consultations, pre-natal clinics, school clinics and dinners held at the eleven centres during the year 1935-36:—

		Infant Consultations.			Pre-natal Clinics.			nool nics.	Dinners for Children under school age, and Nursing and Expectant Mothers.		
Centre.	Race.	Fig. Attend		Total Attend-	Attend	dances.	Attendances.		Attendances		
		Under 1 year.	Over 1 year.	ances.	First.	Total.	First.	Total.	Adults.	Chil- dren.	
12, Keerom St., Cape Town.	Eur. Non-Eur. Total.	229 484 713	87 146 233	4,000 7,754 11,754					337 1,891 2,228	533 4,364 4,897	
Aspeling Street, Cape Town.	Eur. Non-Eur. Total.	32 1,087 1,119	$14 \\ 452 \\ 466$	1,161 19,303 20,464	23 838 861	$\begin{array}{c c} 66 \\ 2,817 \\ 2,883 \end{array}$			$ \begin{array}{r} 92 \\ 4,450 \\ 4,542 \end{array} $	645 15,143 15,788	
Woodstock	Eur. Non-Eur. Total.	392 476 868	217 242 459	8,874 10,992 19,866	260 307 567	1,174 1,165 2,3 3 9	703 962 1,665	1,404 1,371 2,775	1,174 2,932 4,106	3,206 7,571 10,777	
Maitland	Eur. Non-Eur. Total.	100 432 532	$\begin{array}{r} 58 \\ 213 \\ 271 \end{array}$	2,255 7,744 9,999	50 251 301	$\begin{array}{c c} & 174 \\ & 997 \\ & 1,171 \end{array}$	265 645 910	571 1,178 1,749	717 3,025 3,742	1,350 6,195 7,545	
Brooklyn	Eur. Non-Eur. Total.	78 78	51 — 51	2,244 — 2,244		i					
Athlone	Eur. Non-Eur. Total.	24 476 500	11 339 350	452 6,941 7,393	399 403	$ \begin{array}{c} 13 \\ 1,710 \\ 1,723 \end{array} $	${37}$		3 4,260 4,263	6 13,302 13,308	
Lansdowne	Eur. Non-Eur. Total	40 119 159	35 70 105	2,115 3,601 5,716					758 3,173 3,931	1,742 12,197 13,939	
Claremont	Eur. Non-Eur. Total	86 324 410	34 151 185	2,206 6,453 8,659	$\begin{array}{c} 32 \\ 291 \\ 323 \end{array}$	121 930 1,051	590 879 1,469	1,271 2,253 3,524	297 1,513 1,810	501 3,175 3,676	
Wynberg	Eur. Non-Eur. Total	123 378 501	59 174 233	2,673 6,070 8,743	50 224 274	187 817 1,004			1 4,047 4,048	9,601 9,603	
Retreat	Eur. Non-Eur. Total	56 371 427	24 144 168	1,359 5,902 7,261	$24 \\ 232 \\ 256$	98 1,043 1,141	123 346 469	680 1,309 1,989	47 2,102 2,149	73 5,079 5,152	
Langa	Eur. Non-Eur. Total	1 115 116		$\begin{array}{c} 6 \\ 1,252 \\ 1,258 \end{array}$							
Total	Eur. Non-Eur. Total	1,161 4,262 5,423	590 1,939 2,529	27,345 76,012 103,357	443 2,542 2,985	1,833 9,479 11,312	1,681 2,869 4,550	3,926 6,149 10,075	3,426 27,393 30,819	8,058 76,627 84,685	

Infant Consultations.

All mothers are invited to bring their babies to the centre for advice as to feeding and medical supervision. They are encouraged to continue attendance periodically until the children reach school age.

The work in this connection aims at being preventive and educational in nature; minor ailments only are dealt with, and cases of illness are referred either to the family doctor or, in cases of poverty, to the hospitals and dispensaries.

A medical officer is in attendance and certain of the health visitors of the district are present at each session.

Valuable help is given at every centre by voluntary workers, to whom thanks are due. At the end of the year under review 35 infant consultations were being held weekly. They are enumerated in the table on page 63. During the year 7,952 children were registered as new cases, and the total attendances of children at the infant consultations numbered 103,357. Details are shown in the table set out above. (These figures do not include the work of the infant consultations for Europeans held by the South African

Mothercraft Training Centre at Claremont, Sea Point, Camps Bay and Mowbray, where the first attendances of infants during the year numbered 603, and the total attendances of infants and toddlers 6,575: see page 68.)

Of the 7,952 children registered as new cases, 5,423 (1,161 European and 4,262 non-European) were under one year of age at the time of their first attendance and 2,529 (590 European and 1,939 non-European) were over one year of age at that time.

Of the new cases registered, 314 were of children resident outside the Capetown area, viz., under one year of age, Europeans 56, non-Europeans 133; over one year of age, Europeans 58, non-Europeans 67. The new cases resident within the City (excluding attendance at the Langa centre) were as follows:—

			Eur.	Non-Eur.
Under one year of age	• •	 	1,104	4,014
Over one year of age		 	532	1,864

For the municipal area (not including the native locations) the first attendances of infants under one year of age amounted to 54 per cent. of the registered births (40 per cent. in the case of Europeans and 59 per cent. in the case of non-Europeans). The corresponding percentages for the previous year were 53, 36 and 59.

The above figures do not include the infants who made first attendances at the infant consultations of the South African Mothercraft Training Centre (see above). The addition of these considerably increases the percentage of European infants who attended infant consultations.

During the year under review 2,154 attendances (738 Europeans and 1,416 non-Europeans) of nursing mothers and their infants were made for instructional test feeds at the centres (not counted in the above figures). These special investigations form an important feature of the work of the centres. They are undertaken apart from the medical sessions, when there are no distractions for nurse or mother. The test feeds were made at the different centres as follows:—

			Eur.	Non-Eur.
Keerom Street	 	 	148	183
Aspeling Street	 	 	15	402
Woodstock	 	 	218	252
Maitland	 	 	77	95
Brooklyn	 	 	23	-
Athlone	 	 	9	124
Lansdowne	 	 	49	40
Claremont	 	 	62	126
Wynberg	 	 	79	106
Retreat	 	 	58	81
Langa	 	 		7
				
			738	1,416

Infant consultations are also held at the Peninsula Maternity Hospital and St. Monica's Home for the babies born in the maternity practice of these institutions.

The number of attendances at the infant consultations is shown in the following table over a period of five years:—

Ce	entre.			1935-1936	1934-1935	1933-1934	1932-1933	1931-1932
Keerom Stre	eet			11,754	10,923	9,468	9,429	11,747
Aspeling Str	reet			20,464	21,057	22,982	18,352	553
Woodstock			• •	19,866	17,988	18,941	21,462	20,704
Maitland				9,999	10,988	11,527	11,045	9,354
Brooklyn				2,244				
Athlone				7,393	7,772	8,166	10,269	7,271
Lansdowne				5,716	5,110	4,984	4,468	514
Claremont				8,659	9,536	11,197	9,019	7,568
Wynberg				8,743	8,726	8,826	9,178	9,479
Retreat				7,261	7,276	8,017	7,868	6,923
Langa	• •	• •	• •	1,258	1,223	642		
	Tota	ls		103,357	100,599	104,750	101,063	74,113

Dried milk for children who cannot be fed by their mothers is supplied at the centres under the direction of the medical officers and cost prices are charged, but in cases of poverty it is supplied at part-cost or free. Fresh milk is also supplied for older children when ordered by the medical officers. Such medicines as may be ordered are supplied on similar terms.

In the year ended 30th June, 1936, 1,820 new cases were supplied with dried milk and 42,342 lbs. of dried milk were issued. 604 pints of fresh milk were also issued. The cost of the dried milk was £2,678 13s. 1d., and of the fresh milk £7 11s. 7d. The amount paid by mothers in respect of dried milk, fresh milk and medicines amounted to £807 11s. 10d.

At page 67, reference is made to the provision of meals and of free milk for children under school age.

PRE-NATAL CLINICS.

At the end of the year under review, nine pre-natal clinics per week were held at seven of the centres, in addition to two sessions that were both infant-consultation and pre-natal clinics. They are enumerated in the table on page 63.

Expectant mothers are invited to attend the pre-natal clinics, where they are examined in order to ensure if possible a normal delivery for mother and baby. Enquiries are made as to their arrangements for the confinement, and assistance and advice given where necessary.

In necessitous cases dinners are provided for expectant mothers at the centres (see page 64).

Anti-venereal treatment is provided at the pre-natal clinics, especially for the preention of congenital syphilis (see page 92).

Where in-patient treatment is required for diseases associated with pregnancy this is available for non-European women at St. Monica's Home, to which medical officers may refer cases, the Corporation paying an annual subsidy to the Home for this service.

During the year 2,985 expectant mothers were registered as new cases at the prenatal clinics, and the total attendances numbered 11,312. Details are shown in the

table on page 92.

Of the new cases registered, 97 were of expectant mothers resident outside the Capetown municipal area; viz., 13 European and 84 non-European. The new cases resident within the City numbered 2,888 (European 430, non-European 2,458). That is to say, the number of new cases attending the municipal pre-natal clinics amounted to 30 per cent of the number of registered live births (16 per cent. for European and 36 per cent. for non-European). It is to be noted that pre-natal clinics are also held by the Peninsula Maternity Hospital and St. Monica's Home for their own maternity cases.

The majority of midwives working within the municipal area are co-operating to an increasing extent with the pre-natal clinics.

The number of attendances at the pre-natal clinics is shown in the following table over a period of five years.

Centr	е.			1935-1936	1934-1935	1933-1934	1932-1933	1931-1932
Aspeling Str Woodstock Maitland Athlone Claremont Wynberg		••	••	2,883 2,339 1,171 1,723 1,051 1,004	4,134 2,206 1,259 1,442 990 845	3,959 1,815 1,320 1,721 1,068 958	2,440 2,383 1,213 1,513 877 959	56 2,852 849 1,178 720 918
Retreat	Tota	als		1,141	1,402	1,105	1,226	7,374

DENTAL CLINIC.

A dental clinic is held at the Woodstock centre for pre-school children and expectant and nursing mothers, who are referred for treatment by the medical officers from all the municipal welfare centres.

Three sessions are held weekly, one for Europeans and two for non-Europeans, taken

by part-time dentists, and an anæthetist assists when required.

No charge is made for extractions and fillings, but free dentures are not ordinarily supplied. A voluntary fund is, however, maintained for the supply of dentures at a low cost to women attending the clinic who would otherwise be unable to obtain them. These dentures are fitted by the Council's dentists who conduct the clinic and the amounts paid by the women cover the cost of material and of the services of the dental mechanics.

Below is a table of the work done at the dental clinic during the year 1935-36:—

		E	uropea	in.	Non	-Euroj	pean.		Total.	
		Adults	Children	Total	Adults	Children	Total	Adults	Children	Total
	First	158	450	608	596	735	1,331	754	1,185	1,939
ATTENDANCES.	Other	137	102	239	409	76	485	546	178	724
	Total	295	552	847	1,005	811	1,816	1,300	1,363	2,663
Extractions (1)	Attendances	187	514	701	806	793	1,599	993	1,307	2,300
Extractions (*)	Teeth	956	2,746	3,702	6,075	4,913	10,988	7,031	7,659	14,690
Fillings (²)	Attendances	9	16	25	_	3	3	9	19	28
Filings (*)	Teeth	14	24	38	_	3	3	14	27	41
Scalings	Attendances	2	-	2	1	-	1	3		3
Dressings	Attendances	3	_	3	-	1	1	3	1	4
Dressings	Teeth	3	-	3	_	4	4	3	4	7
Attendances for examination		17	22	39	22	14	36	39	36	75
Attendances for interview		1	-	1	1		1	2	_	2
Persons refused treatment		_	-	-	6	-	6	6	_	6
Attendances for dentures		76	_	76	169	_	169	245	_	245
Do1; _1; _1	Full sets	8	-	8	29	-	29	37	-	37
Persons supplied with dentures (included above)	Half sets (upper or lower)	5	-	5	5		5	10		10

(1) All extractions except at 2 attendances (non-European adults, 2 teeth) were under general anaesthetic.

(2) 1 attendance (European adult) was for scalings as well as fillings.

Provision of Dinners and Milk Meals.

Dinners are served daily except Saturdays and Sundays at all the centres to indigent children and nursing and expectant mothers for whom they are ordered by the medical officers. Malnutrition amongst young children is very prevalent and these dinners are of great value in ensuring one good meal a day. The recipients of a course of dinners have shown a marked improvement in their physical condition and general health.

In the year under review the number of dinners given amounted to 115,504. Details

are given in the table on page 64.

In the calendar year 1936 the cost amounted to 2.6d. per dinner. This figure includes the cost of food, extra staff engaged on account of the dinners, and fuel at four centres. It does not include current for the electric stoves at five of the centres, nor the wages of the ordinary members of the staff who may assist in connection with the dinners. Gifts in kind have been received and the services of the mothers themselves are utilised as much as possible.

In December, 1935, in accordance with arrangements made with the School Board, who are responsible for the distribution of free milk to school children under the scheme of the Dairy Industry Control Board, the distribution of free milk to poor children under school age was instituted at the infant welfare centres. The distribution is made every week-day, and the children consume the milk at the centres. During the period 17th December, 1935, to 30th June, 1936, the attendances of children for milk numbered 19,462 and the milk consumed amounted to 1,105 gallons.

MASSAGE AND EXERCISE CLINICS.

Weekly classes for breathing and remedial exercises are held at the Woodstock and Aspeling Street centres. During the year under review, 41 sessions (for both races) were held at the former, where the new cases numbered 43 and the total attendances 291, and 45 sessions (for non-Europeans) at the latter, where the new cases numbered 7, and the total attendances 232. These figures are not included in the statistics given earlier in this report.

Mrs. Adamson and Miss Haggard, who are qualified masseuses, undertake the work

of these two clinics on a voluntary basis, and their services are much appreciated.

SCHOOL CLINICS.

By arrangement with the Provincial Administration, school clinics are held during school terms at the City Council's welfare centres. General school-clinic sessions with a medical officer in attendance are held weekly at Woodstock, Maitland, Claremont and Retreat, and a weekly ophthalmic clinic at Woodstock. European and non-European children have attended on alternate weeks. One health visitor is specially appointed to supervise the work of the school clinics.

Children needing dental treatment are referred to certain private dentists who undertake the work for reduced fees. In cases of indigency the fees are paid by the Department. The arrangements with private dentists, previously operating in Claremont and Maitland, have during the year under review been extended to Woodstock and Athlone. Special sessions are held by the health visitor at all four centres for the reception and disposal of children needing dental treatment. In September, 1935, a special dental session for school children (weekly) was started at the Woodstock welfare centre.

Spectacles are supplied by a local firm of opticians at cheap prices to children for whom they have been ordered at the ophthalmic clinic. The charge is reduced or remitted in cases of indigency.

Children found to require other specialist attention are referred to the out-patient departments of the hospitals.

Admission to convalescent homes has been obtained for many children suffering from undernourishment and debility. A large number of children attending the clinics are found to be suffering from the effects of underfeeding.

The work done during the year ended 30th June, 1936, is shown in the table on page 64, and is further analysed in the following figures:—

	Gene	eral school c	linic.	Ophthalmic clinic.				
	European.	Non- European.	Total.	European.	Non- European.	Total.		
Number of new cases:— Capetown residents Non-Capetown residents Total attendances Number of clinics held Children fitted with spectacles:—	1,326 184 3,633	2,184 310 5,667	3,510 494 9,300 160	162 9 293	312 63 482	474 72 775 42		
Full-paying Part-paying Free				68 16 30	54 49 55	122 65 85		

The cost of the clinics, including the salary of one health visitor, is repaid to the City Council by the Provincial Administration. No charge is made for the use of the premises.

SOUTH AFRICAN MOTHERCRAFT TRAINING CENTRE.

The Mothercraft Training Centre, Bowwood Road, Claremont, holds advisory sessions for European infants at the centre (Bowwood Road, Claremont), at the Town Hall, Sea Point, at the Library, Camps Bay, at Mossop Hall, Roseberry Road, Mowbray, and at Pinelands outside the Municipality. At these sessions the mothers are interviewed by a trained mothercraft nurse and advised as to the feeding, etc., of the infant. This voluntary work is a useful addition to that of the Council's centres, because it reaches a different class of European mother and serves certain areas where there is no Council centre. The following statement of work done during the year ended 30th June, 1936, has been kindly supplied by the Matron:—

Voluntary Centre.	No. of Sessions in the year.	No. of new cases (infants).	Total attendances (infants).	Total attendance (toddlers)		
Bowwood Road, Claremont Sea Point	150	422	3,281	623		
	51	141	1,849	286		
	25	19	210	85		
	12	21	162	79		

Expectant mothers are also given individual advisory interviews by a mothercraft nurse at the Mothercraft Training Centre. Twenty-three expectant mothers received

instruction during the year.

The Mothercraft Training Centre has wards for European infants suffering from dietetic disorders who need in-patient treatment, and also for nursing mothers needing in-patient treatment as such. During the year 1935-36, out of the 224 infants admitted 142 were Capetown residents, their average length of stay being 16·2 days. Out of the 114 nursing mothers admitted 83 were Capetown residents, their average length of stay being 7·3 days. Of the total of 338 patients, including non-Capetown residents, 242 paid full fees, 56 paid reduced fees and 40 were non-paying cases.

The centre is a training school for mothercraft (Athlone) and nursery (Good Hope) nurses. During the year 28 registered nurses or midwives took the former certificate

and 14 young women, not trained nurses, the latter.

DAY NURSERIES.

The following crèches, or day nurseries, are maintained in Capetown:—

- (1) By the Capetown Board of Aid at the European shelter, 7-11, Wale Street, Capetown (see page 11). This day nursery is for European children. It was opened on 4th February, 1935. Its full capacity is 50 and it is usually quite full.
- (2) By the A.C.V.V. at the Social Centre and European Working Girls' Home, 41, Salt River Road, Salt River. This day nursery is for European children. It has been running since May, 1933. Its capacity is 20 and it is usually quite full.

(3) By the Vroue Sending Bond at the Training School for Coloured Social Workers, 109, Harrington Street, Capctown. This day nursery is for non-European children. It has been running since September, 1932. Its capacity is 20

and it is usually quite full.

In November, 1934, and February, 1936, the Medical Officer of Health submitted reports to the responsible Committee of the Council in favour of the establishment of nursery schools by the Council.

SECTION V.—GENERAL ADMINISTRATION.

STAFF.

Medical staff.—Dr. R. E. Meaker and Dr. Elsa Woodrow were appointed as additional assistant medical officers as on 1st July and 15th July, 1935. The former undertook duties chiefly in the venereal disease branch and the latter in the maternal and child welfare branch. Dr. G. D. Van Schalkwyk was appointed as assistant medical officer for poor relief as on 1st July, 1935, and was succeeded on 1st February, 1936, by Dr. A. Saacks.

The positions of senior and junior house physicians at the City Hospital for Infectious Diseases were held respectively by Dr. Pearl Glatt and Dr. Shelagh J. Barry from 1st August, 1935, to 31st January, 1936, and by Dr. H. H. Jacob and Dr. J. Baron from 1st February to 31st July, 1936.

Health visitors.—Miss E. D. Keating and Miss M. E. Chowles entered the service as

health visitors on 6th January and 15th June, 1936, respectively.

City Hospital for Infectious Diseases, Portswood Road.—Mr. G. P. Greensill, hospital dispenser, proceeded on leave on 13th August, 1935, prior to retiring on pension on 8th February, 1936. He had been in the Council's service for 14 years. He was succeeded by Mr. J. S. Linley, who entered the service on 1st August, 1935.

Particulars in regard to the staff of the maternal and child welfare branch of the Department are given on pages 58 and 61.

HEALTH INSPECTORS AND OTHER SANITARY STAFF.

On 30th June, 1936, the staff of health inspectors included the Chief Health Inspector, the assistant to the Chief Health Inspector, 5 divisional health inspectors, 18 district health inspectors, 2 health inspectors for dairies, 2 rodent inspectors and 7 assistant health inspectors.

In addition to the foregoing inspectorial staff, there is a staff of rateatchers, which at the end of the year under report, consisted of 12 men and 4 youths; two labourers who assist the health inspectors in drain testing; and a staff of attendants of both sexes at

the public sanitary conveniences, who are referred to on page 86,

A meat inspector, who is responsible for the inspection of meat imported into the Municipality and holds the certificates of the Royal Sanitary Institute for sanitary inspectors and for meat and food inspectors, is also attached to the Department.

Besides the staff set out above there are 2 removal officers, 2 chauffeurs, and 1 labourer for the removal of cases of infectious disease to hospital and the subsequent disinfection of premises and articles, and 1 mechanic and 1 labourer in charge of the disinfection plant. The work done by this staff is referred to on page 33. The staff at the municipal washhouses is shown on page 86.

There are also 7 chauffeurs for the six departmental cars and the departmental delivery van, and 1 spare chauffeur who is employed at the disinfecting station when not required as a driver.

The inspections made by the male health inspectors (other than the meat inspector and rodent inspectors) during the year under review are indicated by the following figures:

Inspections made:

Public markets	• •	• •	• •	3,240
Butchers' shops	• •	• •	• •	13,605
Dealers and general dealers' shops (food)		• •	• •	16,774
Dealers and general dealers' shops (no for	ood)	• •		3,157
Fish and poultry shops	• •			2,930
Bakers' shops (without bakehouses)	• •			438
Bakehouses				994
Milk shops (purveyors of milk)	• •			5,051
Ice cream purveyors and manufacturers	• •			1,648
Tea shops				1,613
Cafés				2,076
Restaurants				1,802
Eating houses				1,170
Residential hotels and boarding houses				1,184
Aerated water manufacturers				173
Other places where food is manufactured	1			625
Hawkers' premises				2,683
Hawkers' carts				424
Butchers' carts and carriers	• •			839
Milk-delivery carts	••			4,307
Fish carts	••		••	224
Bakers' carts	••	••		167
Ice cream carts	••	••	••	123
Tents	••	••		132
Sideshows			• •	96
Theatres and hissers	• •	• •	• •	510
Billiand salaons	••	• •	• •	110
Common ladging houses	• •	• •	• •	298
Tonomant harras	• •	• •	• •	
Other house inspections	• •	• •	• •	13,758
Uaindnessens	• •	• •	• •	47,231
Tarradaina	• •	• •	• •	1,971
Mattress-makers and upholsterers	••	• •	• •	432
Other frateries and 1	• •	••	• •	392
	• •	• •	• •	3,252
Courts, lanes and alleys	• •	• •	• •	4,584
Open land	• •	• •	• •	1,775
Piggeries	• •	• •	• •	54
Horse stables	• •	• •	• •	7,361
Dairy stables	• •	• •	• •	4,178
Cattle dealers' premises		• •	• •	144
Visits made in connection with infectiou)	• •	2,884
		• •	• •	32
Standing water, catchpits, etc. re mosqu	itoes	••	• •	229

Sites or	premis	es re p	lans of	fprop	osed b	uildings		• •	124
Public a	_					_			4,042
Refuse	•								640
Washho	uses								300
Other v	risits								3,504
									163,190
Particulars								•	ions :—
	h roden	t infest	ation	• •	• •	• •	• •	• •	151
Visits a		_		ere dis	infecte	d	• •	••	3
Drain t				• •	• •	• •			562
Visits v	here en	quiries	were	made	re out	workers	• •	• •	127
The notices ow:—	served b	y healt	h insp	ectors	during	the yea	${f r}$ und	er revi	ew are enume
Proceedings Verbal	_	•							2,547
Verbai Written							• •		2,541 58
Formal	_			• •	••		• •	• •	6,263
					• •	··•	• •		
	1.0tal	proceed	mgs t	eg un	• •	• •	• •	• •	8,868
Written not Total notice		_	verbal	notice	es	••	• •	• •	769
Verbal	notices	• •	• •	• •				• •	2,547
Request		S		• •		• •			58
Formal			• •	• •	• •	• •	• •	• •	7,091
Final n	otices	• •	• •	• •	• •	• •	• •	• •	1,879
	Total	• •				• •	• •		11,575
The number	of itom	a includ	lad in	tha 8 6	269 not	ivos mor	o og f	ollowa	
Ward	1. Sea				300 1100				.— 721
$egin{array}{c} Ward \end{array}$	2. Harl		• •	• •	• •	• •	• •	• •	578
Ward	3. West	•	al	• •	• •	• •	• •	• •	305
Ward	4. Kloc		aı 	• •	• •	• •	• •	••	1,078
Ward	5. Park		••		••	••	• •	• •	671
	6. East			• •	• •	• •	• •	• •	3,833
Ward	7. Cast		• •	• •	••	• •	••	• •	2,561
Ward	8. Woo			••	••	••	••	• •	1,661
	9. Salt			• •	• •	• •	••	• •	1,679
	.0. Mow		• •	• •	••		••	••	974
	1. Mait	•	••		• •	• •	••	• •	505
	2. Rone					••	• •	••	927
	3. Clare		•	• •	• •	••	••	• •	2,119
	4. Kall				••	••	• •	• •	402
	15. Wyr	•		• •		••	• •	• •	923
		0							
									18,938
y Engineer a									
4.4	d drains		••	• •	• •	• •	• •	• •	1,048
	ve wate		_	• •	• •	• ••	••	••	430
	norised			• •	• •	• •	• •	• •	155
	ned pre				• •	• •	• •	• •	18
	iral defe defects	ects to	premis • •		• •	• •	• •	• •	$\frac{43}{109}$
ΔI						• •		* *	

SLUMS ACT.

In last year's report particulars were given in regard to the 157 premises which were reported by the Medical Officer of Health under Section 1 (2) of the Slums Act No. 53 of 1934 during the year ended 30th June, 1935.

During the present year (ended 30th June, 1936), the Medical Officer of Health reported 176 premises under Section 1 (2), and particulars are set out below:—

A = Order to remove nuisance.

B = Order to demolish.

C = Sanction to acquire granted by Minister.

D = Rescission of slum declaration.

Date of		Premises reported up	pon by M.O.	H. under	P	remis	ses declared s	lums.	
M.O.H.'s Report.		Section	n 1 (2).		Date of declaration		No. of lettings.	No. of occupants.	
1935.	-				1935.				
July 3		100, Buitengracht St	., Capetown		_		_		Excluded from area; sub sequently demolished
,,		178, Longmarket St.	, Capetown		July 30		3	8	without order. B. Nov. 30, 1935. D. July 30, 1936. Excluded
,,		180, "	"		,,	••	3	10	from area. B. Nov. 30, 1935. D. July 30, 1936. Excluded
"	::	182, ,, 184, ,,	" "	d 51, Rose	"		$\frac{1}{3}$	5 13	from area. C. May 22, 1936.
,,		186, St., Capetown			,,		1	2 6	**
"		43, Rose Street, Cap			,,		3 9	$\begin{vmatrix} 6\\27 \end{vmatrix}$, ,
,,		75, Shortmarket St.,	Capetown		,,,	••	5	14	B. Nov. 30, 1935. D. April 30, 1936. Excluded from area.
;; ;; ;;		79A, ,, 81, ,, 83,	" "); ;; ;;		5 3 1	20 14 10	C. May 22, 1936.
Total premi	ises	declared slums in Sho	rtmarket St.	Area " B '	: 8		26	97	
July 24		1 Unnamed Roadwa			0-4 91		1		a -
,,			,,	,,	Oct. 31		$\frac{1}{2}$	6	C. June, 23, 1936.
,,		2, ,, 3, ,, 4, ,, 5, ,,	,,	,,	,,	••	2 2 1 2 1 2 1	12	,,
,,	::	5, ,,	,,	,,	Oct. 31		2	10	, , , , , , , , , , , , , , , , , , ,
,,		6, 7, ,,	,,	,,	"		$\frac{1}{2}$	5 8	"
,,		8	,,	,,	,,,		1	4););
,,	::	9, 10, ,,	,,	,,	**		2 1	8 7 8 2 2 9 12 8 9	**
,,		11, ,,	"	,,	"	•••	1	8	,, ,,
**	••	12, 13,	,,	,,	**	• • •	1 1	$\frac{2}{2}$,,
"	::	14, ,,	" "	,,	"		$\frac{1}{2}$	9); ;;
,,		15, ,, 16, ,,	,,	,,	,,	••	$egin{array}{c} 2 \ 2 \ 1 \end{array}$	12	,,
,,		17, ",	"	,,	"		î	9),),
,,		18, ,,	,,	,,	**	• •	1	12	"
,,		19, 20, ,,))))	,,	"	• •	$rac{1}{2}$	8 16	"
,, ,,		21, ,,	,,	,,	"	• •	$\frac{2}{1}$	5	,,
,,		22, 4, Gabriel Road, W	vnberg	,,	"	• • •	$\frac{2}{1}$	12 7	**
,,		5, ,,	,,		"		2 1	9	,, ,,
**		10, ,, 13, ,,	**		"		$\frac{1}{2}$	10	**
,,		14, ,,	,,		,,		1	8	,,
"	••	15, ,,	"		,,	• •	$\frac{1}{2}$	11	"
Total prem	nises	declared slums in Gab	riel-Knutsfo	rd Rd. Area	28		40	219	
August 14	• •	197, Longmarket St. Capetown		, Rose St.,	Sept. 26	3	3	10	C. May 22, 1936.
,,	• •	56, Rose St., Capeto 58, ,, ,,	own	••	"	• •	$\frac{3}{2}$	9 6	,,
"		60/62 ", ", ",	::		, <u>, </u>			<u> </u>	,, ,,
"	••	66, 128, Church St., Ca	netown.	••	Sept. 26		3 5	11 15	,,,
,, ,,		75, Chiappini St., C	apetown		"		3 5 2 2 4	12	,, ,,
"		77 203, Longmarket St		••	,,	• •	2	11 21	,,,
"		1, Church Lane, Cap	petown	•• ••	"		1	2	,, ,,
"	•• \	3, ,,	,,	••	,,		1	4	,, ,,
"		5, 7, ,,	"		27		1 1	$\frac{6}{2}$))))
Total prem	nises	declared slums in A	Church Lane	area: 19			28	109	

Date o	f	Premises reported upon by M.O.H. under	Premi	ses declared slu	ıms.	
M.O.H.' Report.	8	Section 1 (2).	Date of declaration.	No. of lettings.	No. of occupants.	
1935. September	2	98, Church St., Capetown	1935. Oct. 31	5 5 9	8 17 31	1936. A. April 30, D. Dec. 23,
"		110 ,, 67, Rose St., Capetown	,,	1 4	3 13	A. April' 30, D. Sept. 29, 1936. 1936.
September September	11	47, Buitengracht St., Capetown 70, Rose St., Capetown 72, Rose St. and 14, Helliger Lane, Capetown		_		C. September 9, 1936.
;; ;;	••	106, Wale St., Capetown	Nov. 28	3	11); ;;
,,	::	112, ,, ,,	Nov. 28	$-\frac{1}{2}$	10))))
" "		97, Chiappini St., Capetown 16, Helliger Lane, Capetown 18, ", "	;; · · ·	5 5	7 16 15))))
"		20, ", ",	, <u>, </u>	$\frac{2}{-}$	11	,, ,,
Total pren	nises	deelared slums in Helliger Lane area " A ": 6		18	70	
October 30		90, Wale St., Capetown 91, Church St., Capetown	Nov. 28	3	13	1936. B. April 29. D. July 30.
" "		1, Helliger Lane Capctown	_	_	_	
"		5, ,, ,,	Nov. 28	4	17	Demolished before order could be served.
	1					D. March 31, 1936. 1936. 1936.
"	••	4, ,, ,, 8, ,, ,,	,,	4 4 4	$\frac{9}{7}$	A. April 30. D. July 30 A. June 27. D. Oct. 29 A. Nov. 16. D. Dec. 23
"	••	10, ,, ,,	,,	4	7	A. Nov. 16. D. Dec. 23. 1937 D. Mar. 30.
Dec. 12		85, Wale St. and 1, van der Meulen St., C.T.	1936. Feb. 27	5	20	C. Sept. 9, 1936.
"	::	83, Wale St., Capetown	,,	5 3	$\begin{matrix} 5\\14\\11\end{matrix}$))))
,, ,,	• •	79, ", ", "	,,	4 3	11 11))))))
"		71, ,, ,,	,,	$\begin{vmatrix} 11 \\ 2 \end{vmatrix}$	$\frac{31}{12}$	Excluded from area.
"		59 Wale St. and 132, Buitengracht St., C.T. 134, Buitengracht St., Capetown	Feb. 27	4	20	A. June 30, 1936. D. Sept 29, 1936. Excluded
**		142, Buitengracht St., C.T. (basement of)	,,	1	4	from area. A. Oct. 8, 1936. Excluded from area. (Cease using basement as dwelling.)
** **		50, Dorp St., Capetown 52,	,,	$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	11 4	C. September 9, 1936.
"	::	58, ,, ,, ,, 68, ,, ,	Feb. 27	$\frac{}{2}$	8	35 35
Dec. 12	••	Capetown	Feb. 27	$\frac{2}{2}$	8 9	,,
))))	• •	1, Dorp Lane, Capetown	,,	1 1 1	3 4 8););
"	• •	5, ,, ,,	,, · · · · · · · · · · · · · · · · · ·	$\begin{bmatrix} 1\\2\\2 \end{bmatrix}$	$\frac{\overset{\circ}{3}}{12}$); ,; ;;
;; ;;		11, , , , ,	,, · · · · · · · · · · · · · · · · · ·	$\begin{bmatrix} 2 \\ 2 \\ 2 \end{bmatrix}$	3 6	"
"		$\begin{array}{cccccccccccccccccccccccccccccccccccc$	"	$\begin{bmatrix} 2\\1\\2 \end{bmatrix}$	$\begin{matrix} 4\\4\\12\end{matrix}$); ;;
"	• •	1, Wicht Lane, Capetown	"— …	$\frac{2}{}$	6))))
,,	••	1, Blind Lane, Capetown	Feb. 27	61	226	,,
Total pres	mses					
March 18 Feb. 28	••	20/26, St. John St., Capetown	March 31	8		1936. 1936. A. May 7. D. Sept. 29.
,,	•••	34/36, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	,,	8 7	$\begin{array}{c} 25 \\ 19 \end{array}$	22 23
"	::	1, Abderoof's Cottages, Lower Park Rd.,	,,	5	18	Proceedings lapsed.
,,		$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	_			"
" " "		4, ", ",	=		=	"
April 30	• • • • • • • • • • • • • • • • • • • •	87, Wale St. and 2, van der Meulen St., C.T. 6, van der Meulen St. Capetown	June 30	4 4	16 14	C. November 6, 1936.
,, ,,	••	8, , , , , ,	,,	3 3	$12 \\ 15 \\ 14$;; ;;
"	· ·	$egin{pmatrix} 12, & & & & & & & & & & & \\ 14, & & & & & & & & & & & \\ 16, & & & & & & & & & & & \\ \end{pmatrix}$,, · · · · · · · · · · · · · · · · · ·	$\frac{1}{2}$	8 9))))
;; ;;		84, Dorp St., Capetown	,,	4 5	$^{10}_{18}$	"
?? ??	• •	19, Pentz St., Capetown	,, · · ·	2 7 1	$\begin{array}{c} 7 \\ 28 \\ 9 \end{array}$	"
** **	• •	107, Wale St., Capetown	,, · · · · · · · · · · · · · · · · · ·	5 5	$\begin{array}{c} 17 \\ 21 \end{array}$);););
" "		101, ,, ,,	"	5 4	19 15 16))))
"		97, ,, ,,	,, ,,	1 1	16 11 8))))
,, ,,	• •	93, ,, ,,), · · · · · · · · · · · · · · · · · · ·	9	28 10))))
	mises	75 7 04 04		78	305	

Date of	Premises reported upon by M.O.H. under	Premis	ses declared slums.	
M.O.H.'s Report.	Section 1 (2).	Date of declaration.	No. of lettings. No. of occupants.	
1936. May 29 " " " " " "	116, Wale St., Capetown 118,	1936. June 30 """" """ """ """ """ """ """ """ """	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	C. November 6, 1936.
Total premises	declared slums in Helliger Lane, area "C":	11	30 126	33
June 30 " .	4, Sahaba Lane, Capetown 3,	July 30 "" "" "" July 30 "" "" July 30 "" "" "" "" "" "" "" "" "" "" "" ""	4 10 3 11 2 15 4 13 3 15 4 13 3 15 3 12 4 12 1 6 2 13 - 3 33 111 3 25 1 4 2 6 5 6 5 18	C. 31 December, 1936.
Total premises			91 331	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Appeals were made by the owners to the Minister of Public Health against the Council's slum declarations in respect of the following 29 premises included in the foregoing list:—

Unmade road, off Knutsford Road, Wynberg, Nos. 1-3 and 5-22.

Gabriel Road, Wynberg, Nos. 4, 5, 10 and 13-16.

Buitengracht Street, Capetown, No. 142 (basement).

In each case the appeal was dismissed.

The majority of the premises shown in the foregoing table were situated in areas which the Council decided to deal with under Chapter 3 of the Act with a view to acquisition, demolition and rebuilding. These areas are enumerated in the following table, which shows the premises comprised therein and the number of lettings and occupants in the premises.

Name of Area.	No. of premises declared slums.	No. of premises comprising dwellings.	No. of lettings (dwellings)	No. of occupants.	Total no. of premises.
Shortmarket St. Area "B" Gabriel-Knutsford Rds. Area Church Lane Area Helliger Lane Area "A" Dorp Lane Area Van der Meulen Street Area Helliger Lane Area "C" Quarry Area	$egin{array}{c} 8 \\ 28 \\ 12 \\ 6 \\ 25 \\ 21 \\ 11 \\ 22 \\ \end{array}$	10 38 20 27 40 29 18 26	28 58 60 68 90 89 41 97	108 291 256 257 357 368 206 380	11 38 21 28 41 30 19 26

CLOSURE OF STABLE PREMISES.

The Municipal Regulations empower the Council to prohibit the use for the keeping of animals of any stable, cowshed, pigstye, kraal, etc., which in its opinion is "unfit, undesirable or objectionable by reason of its locality, construction or manner of use." The Council may also restrict the number or kind of animals to be kept at any such premises. During the year ended 30th June, 1936, the Council prohibited the further use of 10 stable premises (horses, mules or donkeys) for the keeping of animals.

Previously, since 1929 the Council had prohibited the use of 57 stable premises.

These figures do not include dairy-stables that have been closed by order of the Council,

ANTI-RODENT OPERATIONS.

The plague position in the country during the year under review has continued to call for measures against rodents.

The present endemicity of human plague in much of the rural areas of South Africa has continued since 1923. In 1923-24 there were 372 cases in the Union, and in succeeding years, in order, 112, 71, 75, 39, 65, 145, 71, 22, 31, 39 and 290. The Union Health Department reports that in the year ended 30th June, 1936, the intense epizootic amongst veld rodents reported last year still continued, and the human cases in the Union numbered 253 (18 European and 235 non-European), of which 192 were in the Orange Free State, 38 in the Cape Province and 23 in the Transvaal. The human deaths numbered 165. In the Cape Province the greatest number of cases were in the Kuruman district, and the districts of Calvinia, Williston, Hopetown and Herbert were affected. There were

also cases in the districts of Queenstown, Glen Grey and Uitenhage.

The cause of the human cases in this country is the existence of the disease in veld rodents and other wild animals, especially the gerbilles. Infection of the veld rodents has been found to exist over a vast area in the Union. Fortunately, the infection has not extended to rats in towns, and in recent years no town has been involved in a serious outbreak of the disease. There have been no human or rodent cases of plague in Capetown or in the neighbouring part of the country. The area of plague infection has come gradually nearer to Capetown. In 1923-24 it was still at a great distance. In 1924-25 there were human cases at De Aar, five hundred miles from Capetown. In 1926-27 there was an outbreak in an area in the Cape Province, including Kenhardt, Williston and Calvinia, and extending to within two hundred miles of Capetown. In 1927-28 the infection spread amongst rodents in the north-western Cape districts over an area involving part of the Ceres basin, about seventy miles from Capetown. The Van Rhynsdorp district near the Olifants River towards its mouth was involved in 1932.

In June, 1935, the City Council's rodent staff consisted of 2 rodent inspectors and a rateatching staff of 12 men and 4 youths. Besides certain work for combating mosquito prevalence the activities of this staff are divided between the suppression of the rats in the town and of the veld rodents in a belt of country within the Municipality extending from Table Bay, Salt River Mouth, to False Bay, between Sand Vlei and Zeekoe Vlei. Against the veld rodents (gerbilles) reliance has been placed chiefly on the use of wheat poisoned with strychnine, which has given satisfactory results. Cyanogas is also used.

In town attention has been given chiefly to the rat-proofing of premises such as forage stores, food shops and other places which attract, harbour and nourish rats, and the destruction of rats in infected premises. In the granting of trading licences for grocers' shops and the like rat-proofing has been insisted on. Many wooden floors in such premises have been replaced by concrete. Rat-proofing has been required in accordance with the Union Government Regulations in connection with the erection of new shops and stores or alterations, additions, etc.

The work done during the year under review is indicated by the following figures:—

Inspections by Rodent Inspectors:

Re rodents		••				5,596	
Re mosquitoes						5,065	
•							10,661
Inspections re rodent	s by o	ther in	spector	'S			151
Inspections re mos					ctors		229
Visits made to la	nds	and p	premise	s by	rat-		
catchers:							
Re rodents						30,033	
Re mosquitoes				• •		11,354	
				_			41,387
Number of notices s	serve	d by R	odent :	${f Inspect}$	tors:		
Verbal notices				• •		60	
Written notices			• •	• •		133	
*							193
Number of rodents	caug	ht and	destro	yed:			
Brown rats					• •	3,757	
Black rats				• •		3,240	
Gerbilles		• •	• •	• •	• •	610	
							7,607

The figures given above as to rodents destroyed include only the number of animals whose dead bodies were actually recovered. There is no reason to doubt that many more were destroyed by the methods employed.

The above figures do not include certain inspections made and notices served by

the district health inspectors in connection with rodents.

MOSQUITOES.

One of the rodent inspectors specializes also in anti-mosquito work. He investigates local prevalences of mosquitoes discovered through complaints or otherwise, and controls permanent anti-mosquito measures in the Black River Valley. Two of the ratcatching staff under his supervision devote the whole of their time to oil-spraying of waters where mosquitoes are bred. The number ω f inspections, etc., is shown under the previous heading.

The chief prevalence of mosquitoes is in those parts of the southern suburbs which are within a mile or two of the Black River and the sewage disposal works at Athlone.

The nuisance is worst during the early part of the rainy season before the weather has become cold. The mosquitoes are almost exclusively Culex pipiens. Anopheles and Aëdes are not found.

In last year's annual report details were given of the mosquito situation in the southern suburbs and of the measures that are taken by the City Health Department.

Mosquito prevalence is liable to occur in any part of the Municipality through breeding taking place in local collections of water. It is by no means confined to the summer.

Trapped street catch-pits are apt to cause trouble, and their treatment with larvicide is undertaken by the City Engineer's Department.

CAMPING.

Camping on private sites within the municipal area has been kept under observation by the health inspectors. During the year 1935-36 fourteen applications for the erection of tents, etc., were received, of which ten were approved and four refused. In addition three applications were received for the use of caravans for camping purposes, all of which were refused.

FOOD, DRUGS AND DISINFECTANTS ACT.

In terms of Government Notice No. 1572 of 2nd December, 1932, the Minister of Public Health added the Municipality of the City of Capetown to the list of local authorities empowered under Government Notice No. 666 of 11th April, 1930, to administer the Food, Drugs and Disinfectants Act in respect of (a) perishable articles mentioned or defined in the Regulations under the Act and (b) flour, meal, bread and any other article of food not packed or sold in a sealed package; and fixed the number of samples to be examined for the Municipality in the Government Chemical Laboratory free of charge at 549.

Sampling duty is undertaken by the five divisional health inspectors.

The following is a record of the samples taken during the year under review:—

Samples taken under Food, Drugs and Disinfectants Act. 1st July, 1935—30th June, 1936.

1								
				N	Tot genuin	e.		
Nature of samp	le.	No. of samples.	No action taken.	Letter sent.	Warning notice sent.	Summons applied for.	Total.	Genuine.
Milk Cream Ice cream Butter Cream cheese Sweet cheese Minced meat Polony Sausage Lard Rice Oats Meal Sugar Pepper		471 1 17 5 1 1 5 9 25 2 2 1 3 1		11	11 1 - - 2 4 - - - -	23 11 - 1 - 2 1 7 - - - - -	45 	426 1 5 5 - 1 3 6 14 2 2 1 3 1 3
Coffee Mixed coffee Chicary	• •	$egin{array}{c} 4 \\ 6 \\ 1 \end{array}$		=		$\frac{1}{3}$	$\frac{1}{3}$	3
Chicory Cocoa	• •	1					,—	1
Sweets	• •	i						1
								1
Total	• •	560		11	18	49	78	482

Of the 49 applications for summonses in respect of samples taken during the year ended 30th June, 1936, 6 were not heard until after the end of that year. Three cases in respect of samples taken in the previous period were heard in the year under report. 46 cases were therefore heard during the year, and are included in the list of prosecutions at page 85.

The results of analysis of the samples of milk taken were as follows:—

No. of	Percentage of milk-	No. of
Samples.	solids-not-fat.	Samples.
3	6.5 - 6.9	1
11	7.0—7.4	1
4	7.5—7.9	5
154	8.0—8.4	28
162	8.5—8.9	241
87	9.0—9.4	181
25	9.5—9.9	13
15		
_		
2		
4		
2		
1		
	Samples. 3 11 4 154 162 87 25 15 2 4 2	Samples. solids-not-fat. 3 $6 \cdot 5 - 6 \cdot 9$ 11 $7 \cdot 0 - 7 \cdot 4$ 4 $7 \cdot 5 - 7 \cdot 9$ 154 $8 \cdot 0 - 8 \cdot 4$ 162 $8 \cdot 5 - 8 \cdot 9$ 87 $9 \cdot 0 - 9 \cdot 4$ 25 $9 \cdot 5 - 9 \cdot 9$ 15 $-$ 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4

SALE OF MILK AND ICE CREAM.

On the 30th April, 1936, the amendments to the Capetown Dairy Regulations were promulgated, of which the main provisions were indicated in last year's report.

The old regulations prohibit any person from carrying on the business of dairyman, purveyor of milk or cowkeeper within the Municipality unless (1) he is licensed by the Council as a purveyor of milk, and (2) any premises within the municipal area used by him as a dairy, milkshop or cowshed are licensed. The licences are annual and the Council has the power to refuse any application for a licence if the conditions are unsatisfactory. No licence was required under the old regulations by cowkeepers whose premises were outside the municipal area and who supplied milk to retail dairymen in Capetown, but under the new amendments the principle of annual licensing by the City Council is extended to them also; and any retailer selling milk from cowshed premises outside the municipal area is required to hold a permit to do so issued by the Council. During the year under report all licensing operations were under the old regulations only.

The regulations also prohibit any person carrying on the business of manufacture or vendor of ice cream on any premises or conveyance unless such premises or conveyance are licensed. The licences are annual and applications may be refused if conditions are unsatisfactory.

The number of dairy premises* in the Municipality at 30th June, 1936, was as follows:—

						30th June, 1935.	30th June, 1936.
Cowsheds						86	66
Milkshops						134	129
Cowkeepers lice							
town, whos	e prem	ises are	outsid	le the N	Iuni-		
cipality						48	48

It will be seen that the number of premises in the Municipality where the business of cowkeeper was carried on was reduced during the year by 20 and the number of other dairies and milkshops by 5.

^{*} Including certain premises unlicensed but still in use at the end of the year under report.

There were also about 140 cowshed premises outside the Municipality from which milk was known to be supplied to retail dairymen in Capetown.

Two inspectors provided with transport devote all their time to the inspection of cowsheds, including those outside of the Municipality from which milk is sent into Capetown. Milkshops and ice-cream premises are under the inspection of the general health inspectors. During the year under report, the inspections made were as follows:—

Dairy stables	 • •	• •		• •	 4,178
Milkshops	 		• •		 5,051
Milk delivery carts	 	• •			 4,307
Ice-cream premises	 				 1,648
Ice-cream carts	 				 123

Applications for annual licences have been dealt with as follows during the year under review:—

	Rece	eived pr under	ior to report.	year	Re		luring y report.	ear
	Purve	eyors of	milk.	and	Purv	eyors of	milk.	and
	Cowshed premises in Capetown.	Milkshop premises in Capetown.	Premises outside of Capetown.	Manufacturers vendors of ice-cream.	Cowshed premises in Capetown.	Milkshop premises in Capetown.	Premises outside of Capetown.	Manufacturers vendors of ice-cream.
Applications for licences received Licences issued Applications cancelled Licences refused Applications in abeyance	3 5 —	6 7 2	· 1	=	77 46 5 1 25	166 102 21 17 26	58 16 5 - 37	417 378 37 2

Of the 378 persons licensed to make or sell ice-cream only 24 were licensed for its manufacture. The remainder were licensed only for selling ice-cream, not to be made on the premises. The 24 licensed for the manufacture of ice-cream include 3 who have a large wholesale trade.

Milk samples taken by the City Health Department are examined in the Union Health Laboratory, Capetown (500 samples per annum for total bacteria and coliform bacilli and 100 for tubercle bacilli by inoculation). The results of the examination of samples taken during the year under report are shown in the following tables:—

SAMPLES OF MILK TESTED FOR TOTAL BACTERIA AND COLIFORM BACILLI: YEAR ENDED 30TH JUNE, 1936.

		Numk	Number of bacteria per c.c.	cteria pe	er c.c.			No colif	No coliform bacilli	cilli in:			Not more	Others with
		Not	Not more t	than		More than						Coliform bacilli	than 30,000 bacteria	th
Milk samples taken at	30,000	100,001	000,002	200,000	000'000'1	1,000,000	, o. o. l	.o.o 1.0	.5.5 10.0	.5.5 100·0	.o.o 1000·0	present in 0.0001 .	per c.c. and no coliform bacilli in 0·1 c.c.	bacteria per c.c. and no coliform bacilli in 0.01 c.c
Cowshed premises		67	က	63					ı	4		2		1
On delivery to retailer by cowkeeper (cowshed in Municipality)	64	6.1		61				1	1	—	1	61	1	1
On delivery to retailer by cowkeeper (cowshed outside Municipality)	52	53	13	56	1.1	12	12	24	42	36	36	17	35	44
On milk round of cow- keeper supplying retail customers (cowshed in Municipality)	17	16	11	∞	4	23	က	က	81	13	12	6	9	15
On milk round of cow- keeper supplying retail customers (cowshed out- side Municipality)	9	ro	4	-	1	H	6.1		27	ىر	က	χĢ	53	ы
In retailer's shop or depôt	49	30	13	19	61	7	14	16	21	17	18	29	27	24
On milk round of retailer	19	28	6	15	4	23	1	7	15	20	21	13	Ď.	16
Totals	145	136	53	73	21	19	32	51	100	96	91	77	73	103

Samples of Milk Tested for Tubercle Bacilli: Year ended 30th June, 1936.

	Positive.	Negative.	No result.	Total.
Samples taken from mixed milk of herd: Capetown cowkeepers Outside cowkeepers	_	23		23 —
Samples taken on round: Capetown cowkeepers Outside cowkeepers	1 1 —	12 6 —		13 7 —
Samples taken in course of delivery to retailers' depôts: Capetown cowkeepers		10 65	_	10 6 6
Total	3	116		119

In addition to the above routine samples, samples from individual cows were taken to follow up the routine samples reported as positive; these numbered 10 (one positive, 9 negative). Also 4 samples from individual cows in a suspected herd from which no routine sample had been taken (all negative).

TEA SHOPS, CAFES, RESTAURANTS AND EATING HOUSES.

Municipal regulations provide for the annual licensing of these premises and the controlling of their equipment and management. Applications for licences are considered by the Trades Licences Committee after report by the Medical Officer of Health. The following is an analysis of the applications dealt with during the year ended 30th June, 1936:—

	Restaurants.	Tea Shops.	Cafés.	Eating- Houses.
1. Applications received	121	243	55	48
2. Granting of licences recommended (without conditions)	63	157	36	15
3. Granting of licences recommended (subject to conditions)	57	76	18	31
4. Number under item 3 later reported as having complied with conditions	54	73	17	23
5. Refusal of licences recommended		3		1
6. Applications withdrawn	1	7	1	1

REGISTERED TRADES.

Mattress-makers, Laundries, Barbers and Hairdressers.

The municipal regulations prohibit any person from carrying on the trade or business of mattress-maker or upholsterer, and from carrying on any laundry "by way of trade or for purposes of gain," unless such person is registered annually by the Council. The Council has the right to refuse applications for registration of laundries, but not of mattress-makers and upholsterers. The regulations also prohibit any person from carrying on the trade or business of a barber or hairdresser unless such person is registered by the Council, which has the right to grant or refuse applications for registration. Annual renewal of registration is not required, but the Council is empowered to cancel the registration at any time.

The certificates of registration are issued by the Medical Officer of Health.

The following is an analysis of the applications dealt with during the year ended 30th June, 1936:—

		Mattress-makers and Upholsterers.	Laundries.	Barbers and Hairdressers.
Applications received Registration certificates issued		34* 24	$\frac{16}{13}$	102 78
Registration refused Applications withdrawn		5 —	<u>-</u>	$\frac{}{24}$
Applications in abeyance	• •	6	2	

*In addition to one from previous year.

As at 30th June, 1936, the number of registered barbers' or hairdressers' premises was 374.

TRADE LICENCES.

The Licences Consolidation Ordinance No. 19 of 1930 provides that a certificate must be obtained from the Council before a licence is issued to trade as a general dealer, fresh produce dealer, baker, butcher, restaurant (etc.) keeper, hawker, pedlar, motor garage, or mineral water manufacturer or dealer, and further that no application for such certificate shall be considered unless the Medical Officer of Health shall have reported that the premises are fit and suitable for the purpose, and that he knows of no reason why the licence should be refused on the grounds of public health. All applications for certificates are referred by the Trades Licences Committee to the Medical Officer of Health for report, and the consequent inspections involve a considerable amount of work on the part of the health inspectors. The licences, which are designed for revenue purposes, must be renewed annually, but the Council's certificate is only required when they are issued for the first time or transferred. Under the Council's regulations, however, hawkers and pedlars must be licensed annually.

The following is an analysis of applications for certificates dealt with during the year ended 30th June, 1936:—

	General dealers.	Fresh produce dealers.	Butchers.	Bakers.	Hawkers.	Pedlars.	Motor garages.	Mineral water dealers.
1. Applications received	1,184	265	92	3	1,146	30	53	54
2. Granting of Licences recommended (without conditions)	644	105	24		640	27	31	31
3. Granting of Licences recommended (subject to conditions)	506	147	68	2	252		20	23
4. Number under item 3 later reported as having complied with conditions	440	123	60	1	244*		17	19
5. Refusal of Licences recommended	10	7		1	171	3		_
6. Applications withdrawn	24	6			83		2	

^{*} When referring to hawkers, item No. 4 to read "number under items 3 and 5 later reported suitable,"

INSPECTION OF MEAT AND OTHER FOODSTUFFS.

The inspection of meat from animals killed at the Municipal Abattoirs is under the control of the Veterinary Officer, and is reported on in the Mayor's Minute. No animals may be slaughtered elsewhere in the Municipality, and all meat from animals slaughtered outside the City and brought in for consumption must be deposited at one of the depôts appointed by the Council. There it is inspected and stamped by the meat inspector attached to the City Health Department.

The following is a return of meat from animals slaughtered outside the City and brought in for sale within the municipal area during the period 1st July, 1935, to 30th June, 1936:—

7	T , 1	D 1	Condemned	Condemne	ed entirely.
Description.	Inspected.	Passed.	partly.	Amount.	Percentage.
Carcases of Beef	117	113	_	4 11	3·42 —
Carcases of Mutton	7,193	7,172	_	21	0 · 29
Carcases of Goat	59 $ $	59	<u> </u>	_	_
Carcases of Veal	325	325	_		
Carcases of Pork	13,889	13,836	_	53	0.38
Pigs' Kidneys (from above carcases)				406	
Pigs' Heads				103	
Parts of Pork				31	
Parts of Beef	536	5 35		1	0.19
Parts of Mutton	4,354	4,354	_		_
Parts of Veal	202	202	_	_	_
Parts of Pork	99	99	_	— ₋	-
Ox Heads	579	576		3	0.52
Ox Hearts	929	929	_	—	
Ox Tongues	1,361	1,358	_	3	0.22
Ox Livers	1,154	1,117	_	37	3.21
Ox Lungs	429	424		5	1.17
Ox Kidneys	2,606	2,603	_	3	$0\cdot 12$
Ox Spleens	84	84	_	_	
Ox Skirts	202	202	_	_	 .
Ox Tails	1,180	1,180	_	_	
Ox Tripes	820	820	_	_	
Sheep and Goats' Heads	$\begin{array}{c c} 3,768 \\ 816 \end{array}$	$\begin{array}{c} 3,768 \\ 816 \end{array}$	_	_	_
Sheep and Goats' Tongues	1			_	_
Sheep and Goats' Kidneys Sheep and Goats' Tripes	$\begin{vmatrix} 1,004 \\ 3,714 \end{vmatrix}$	$1,004 \\ 3,714$			
Sheep and Goats' Tripes Sheep and Goats' Plucks	$\begin{bmatrix} 5,714 \\ 5,658 \end{bmatrix}$	5,714 $5,324$	333*		$\frac{}{0.02}$
Sheep and Goats' Livers	0,000	0,024	300	333	0,07
Sheep and Goats' Lungs				130	
Pigs' Plucks	15,866	13,929	1,453*	484	3.05
Pigs' Livers	10,000	20,020	1,100.	1,453	0 00
Pigs' Lungs				1,850	
Pigs' Hearts				6	
Pigs' Heads	12	12	_		
Calves' Kidneys	18	18		_	_
Calves' Plucks	$2\overline{47}$	247		_	_
Calves' Heads	5	_		5	100.00

^{*} These items are included below in the columns concerned (Livers and Lungs, etc.).

The following return shows the number and portion of imported carcases of meat which were condemned at the depôts appointed by the Council, classified under the various diseases for which they were condemned, during the period 1st July, 1935, to 30th June, 1936:—

Tuberculosis.	10 10 118	103
Tapeworm.	111 11 11111	1 <u> </u>
Sarcocysts.	111 11 11111	
Руветів.	11 11-11-11	THE CHILL T
Pleurisy		
Pericarditia.	111 11 1111	
Odour.	1:1 11 1111	
.eitithq9N		129 129 129
·bundiroM	111 11 1111	
Measles	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	138
.noitsmmsflaI	111 11 1114	1 116 - - 293 - 1,618
.sititsqeH		
Flukes.	111 11 1169 11	1110
Emaciation.	11- 11 1111	
Decomposition.	21 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	100 to 10
.(bitabyd) steyO		21 14 1,353 1,353
Cirrhoais.		121 1111801 1
Bruised.	1010	
.sisotsmoignA		
Actinomycosis.		
.ssəəsdA	111 14 11011	
Number.	21 53 12 31 37 37	1 333 130 103 6 406 484 1,453 1,850
	::: ::::::	: : : : : : : : : : : : : : : : : :
ion.		Goats':
ript	of n ::	ਰ ø
Description.	Carcases of Beef Mutton Pork Parts of: Beef Pork Oxen: Heads Tongues Livers Lungs Kidneys	Sheep and Plucks Livers Lungs Pigs': Heads Hearts Kidneys Plucks Livers Livers Lungs Calves': Heads
	Carcase Beef Mutt Pork Parts of Beef Pork Oxen: Head Tong Live Live Kidi	She LI

The following carcases with slight infections with cysticercus were discovered and interned in cold storage for the prescribed time:—

Removed from				Measly	beef.	Measly pork.		
				Carcases.	Weight (lbs.)	Carcases.	Weight (lbs.)	
Municipal Abattoir Capetown depôts	• •	• •		3 59	203,186	15 120	1,374 7,277	
Total	•••	• •	• •	359	203,186	135	8,651	

In addition to the above, 61 carcasses of beef (32,853 lbs.) discovered in places outside of the municipal area to be slightly infected with cysticercus were interned in cold storage.

Imported meat.

The following meat rejected for export at Walvis Bay and Gouda, C.P., was brought into Capetown:—

Fore quarters of beef	 	 	 13,966 lbs.
Hind quarters of beef	 	 	 10,000 105.
Lambs	 	 	 140 lbs.

Some of this meat is sold to shipping, and is not inspected by the Department; but the major portion of it, especially the viscera, is used for local consumption, and is included in the foregoing tables of meat inspected.

Food inspection by health inspectors.

The following foodstuffs were condemned as unfit for human consumption as the result of ordinary inspections by the health inspectors or the meat inspector, other than inspections of imported meat, during the year ended 30th June, 1936:—

Meat:		circ j					Weight (lbs.)
Beef	• •					• •	$877\frac{1}{2}$
Pork							486
$egin{array}{ll} egin{array}{ll} egi$							857
Sheeps' heads							472
Calves' heads							60
Minced meat							1
Soup bones			• •				5
Poultry and game:							
Turkeys							1,075
Geese							204
Ducks							$588\frac{1}{2}$
Fowls							8,514
Pigeons							434
Fish:							
Preserved fish							853
Fruit and vegetables	:						
Oranges							9,470
Pears							420
Grape fruit					• •		2,380
Dates							1,540
Raisins							10
Figs (dried)							64
Peas (green)							250
Other provisions:						, ,	
TT							19
Tinned ham	• •	• •	• •	• •	• •	• •	$2,452\frac{1}{2}$
Tinned fish	• •	• •	• •	• •	• •	• •	$\frac{2,432_{\frac{1}{2}}}{413_{\frac{1}{2}}}$
Cheese	• •	• •	• •	• •	• •	• •	811
Sour milk	• •	• •	• •	• •	• •	• •	500
	• •	• •	• •	• •	• •	• •	150
$egin{array}{ccc} egin{array}{ccc} egin{array}{cccc} egin{array}{ccc} egin{array}{cccc} egin{array}{ccc} egin{array}{cccc} egin{array}{ccccc} egin{array}{cccc} egin{arr$	• •	• •	• •	• •	• •	• •	$266\frac{1}{2}$
Flour	• •	• •	• •	• •	• •	• •	-
	• •	• •	• •	• •	• •	• •	16
Beans	• •	• •	• •	• •	• •	• •	2,000
Jam	• •	• •	• •	• •	• •	••	179
Preserved fruit		• •	• •	• •	• •	• •	10
Tinned fruit		• •	• •	• •	• •	• •	1,395
Pickles and de		• •	• •	• •	• •	• •	$379\frac{1}{4}$
Other tinned f	oods		, ,	, ,		• •	$46\frac{1}{2}$

CASES BEFORE THE MAGISTRATE.

The following table gives particulars of cases heard by the magistrates in the year ended 30th June, 1936, at the instance of the City Health Department. In most of the cases there were two or more separate counts: the counts are not enumerated in the table. In some cases more than one person was summonsed for the same offence; if any one accused was fined or reprimanded the case is recorded in the table accordingly, notwithstanding that the other accused may have been discharged:—

		Nu	mber	of cas	ses.		ons d.	
Nature of offence.	Total.	Fined.	Suspended sentence.	Repri- manded.	Summons withdrawn.	Dis-	No of persons summonsed.	Total fines.
Dwelling-house premises in insanitary condition (excluding the keeping of animals) Business premises in insanitary condition Keeping animals or poultry on premises so as to cause nuisance	16(1) 1 2	11 1 2				5 —	17 1 2	£39 0 0 2 0 0 3 10 0
Insanitary conditions at food premises: Butchers' shop premises Milksellers' premises (no cows kept) Cowshed premises Restaurants, cafés, etc Bakehouses	$\begin{bmatrix} 1 \\ 1 \\ 1 \\ 2 \\ 1 \\ 10(^2) \end{bmatrix}$	$\begin{array}{c} 1 \\ 1 \\ 1 \\ - \\ 10 \end{array}$				_ _ 1 _	1 1 2 3 1 12	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Insanitary conditions or other offences in the transport or delivery of foodstuffs: Meat Milk Selling, delivering or depositing meat not slaughtered at the Municipal Abattoir or not inspected and stamped	11 37 1(³)	8 37 1				3 —	16 63	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
Trading as milkseller without licence (not cowkeeper)	5 1(4) 5	3 1 2				$\frac{}{}$	7 1 5	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
Selling foodstuffs in contravention of the Food, Drugs and Disinfectants Act: Milk Ice cream Sausage, minced meat, etc. Coffee, etc. Cream cheese Other contraventions of the Food, Drugs, and Disinfectants Act	23 11 7 4 1	21 11 6 4 1			1 	1 1 -	26 11 7 6 1	40 2 6 18 0 0 13 10 0 8 10 0 3 10 0
and Disinfectants Act Dwelling-house premises used as a wash- house without being registered as such by the Council Unlawfully burying carcass of animal Nuisance from smoking chimney Other nuisances or insanitary conditions Practising of midwifery by person not on Council's list of midwives	10 2 1 2 4	$ \begin{array}{c} 8 \\ 2 \\ - \\ 2 \end{array} $ 2(5)		2 			10 2 2 2 2 2 4	4 0 0 6 0 0 5 10 0
Total	162	139	3	3	1	16	216	£326 7 6

⁽¹⁾ Amongst these cases is one including a count for keeping animals on premises so as to cause nuisance.

⁽²⁾ Amongst these cases is one including a count for using stable premises as a dwelling.

⁽³⁾ Including a count for slaughtering elsewhere than at the Municipal Abattoir.

⁽⁴⁾ Including a count for keeping animals in contravention of the Council's prohibition.

^{(5) £20} fines not paid, accused going to prison instead.

PUBLIC SANITARY CONVENIENCES.

The following is a list of the public sanitary conveniences open at 30th June, 1936, together with the number of chalet attendants employed in connection with them:—

					. Atte	endants.
Chalet.					Male.	Female
Bakoven					1	1
Camps Bay					2	
Castle Bridge					2	_
Castle Street					2	_
Claremont					2	_
Claremont Park					1	1
De Waal Park					2	1
Dock Road					2	-
Early Morning Market	t			• •	2	1
Fish Market (Retail)	(Closed	14th M	Iarch, I	1936)	_	1
Gardens				••	2	1
Green Point Common	ı . .				1	
Greenmarket Square					2	2
Hanover Street					2	1
Jurgens Park					2	
Kalk Bay					2	1
Ladies' Rest Room,						2
McGregor Street	••		••	, ,	2	
	••		• •		$\overset{-}{2}$	_
Mowbray			• •		$\overset{-}{2}$	1
Muizenberg Beach	• •		• •		$\overset{-}{2}$	$f{2}$
Museum, Capetown		• •			$\overset{ extstyle -}{2}$	1
New Fish Market (W			••		1	$\overset{ au}{2}$
Riebeek Square		•	• •	• •	$\overset{ au}{2}$	1
Rochester Estate, Sal					$ar{2}$	1
St. Andrew's Square				• •	$\frac{1}{2}$	
St. James Beach					1	1
Salt River Market		• •	• •	• •	$\overset{\circ}{2}$	1
Sea Point		••	••	••	2	$\overset{1}{2}$
Sea Point Swimming	Pool (C	oloured	l)	• •		ĩ
Searle Street			,		2	1
Three Anchor Bay		••	••			1
Trafalgar Park (opene					1	1
Woodstock		••	••	••	$\overset{-}{2}$	$\overset{-}{2}$
34 chalets					54	30

In addition to the above there are three relieving attendants, one male and two female.

MUNICIPAL WASHHOUSES.

There are seven municipal washhouses, at each of which there is a caretaker in charge. There is also an assistant at three of them and at Hanover Street two assistants. With the exception of Hanover Street they are supplied with cold water only, and the drying and bleaching are done in the open air. Those at Hanover Street, Hout Street and Wynberg are equipped with electric irons, but not the others. At the Hanover Street washhouse the washing troughs are supplied with steam and "hydro-extractors," drying chambers, ironing machines and electric irons are provided.

At the Hout Street washhouse there is also an installation of slipper baths. The charges for the baths were reduced at the beginning of the year under report, with the result that the number of users increased to such an extent that the money taken was nearly doubled.

The charges made at the washhouses are as follows:—At Platteklip, Mowbray and Claremont, at 3d. per day; at Kalk Bay, 6d. per day; at Hout Street and Wynberg, 4d. per day for washing and 1d. per hour for ironing (including use of electric iron); at Hanover Street, 3d. for two hours and 3d. for each additional hour up to a maximum of 1s. 6d. per day (including ironing facilities).

The charges for the use of the baths at Hout Street are as follows:—Hot water baths, adults 3d., children 2d.; cold water baths 1d.

The attendances and takings at the washhouses (including ironing rooms) during the year ended 30th June, 1936, were as follows:—

			Attendances.		Money	tal	ken.
					£	s.	d.
Hanover Street	 	 	 	14,836	369	8	0
Platteklip	 • •	 	 	8,121	101	10	3
Mowbray	 	 	 	5,007	62	11	6
Claremont	 	 	 	9,158	115	9	6
Kalk Bay	 	 	 	2,281	56	0	6
Hout Street	 	 	 	12,735	231	6	0
Wynberg	 	 	 	8,336	118	3	6
,							
				60,474	£1,054	9	3

The attendances and takings at the Hout Street slipper baths during the year ended 30th June, 1936, were as follows:—

		Ho	ot baths.	Cold	baths.	ŗ	Γotal.
		Atten- dances.	Money taken.	Attendances.	Money taken.	Atten- dances.	Money taken.
Adults Children	• •	7,564 316	£ s. d. 102 0 9 2 16 6	36 7	£ s. d. 0 3 0 1 1	7,600 323	£ s. d. 102 3 9 2 17 7
Total	• •	7,880	£104 17 3	43	£0 4 1	7,923	£105 1 4

PAUPER BURIALS.

The Public Health Act places upon the City Council the responsibility for the removal and burial of the body of any destitute person, or any dead body which is unclaimed or of which no responsible person undertakes the burial. The cost falls upon the City Council, although it may be legally recovered from any responsible person who is able to pay. Practically all such burials undertaken by the Council are, however, of the bodies of persons whose relations are unable to pay, and very little is recovered. Each year a contract is given out to an undertaker to carry out this work for the Council. In the year ended 30th June, 1936, the number of such burials was 464.

METEOROLOGY.

The collection of certain meteorological data is undertaken by the Department. A Stevenson's screen, with dry and wet bulb and maximum and minimum thermometers, sunshine recorder, barometer, and earth thermometers (4 ft., 2 ft., and 1 ft.) are kept in the grounds of the City Hospital, Portswood Road. The results of the observations are given in Tables K to O on pages 131 to 135.

CLERICAL STAFF.

At the end of the year the clerical staff consisted of the chief clerk, 19 clerks, 5 junior clerks and 1 messenger, in addition to 5 lady clerks, of whom 3 were employed in connection with the work of the health visitors and 1 at the City Hospital, Portswood Road. One of the lady clerks in the health visitors' office is trained in social work.

DISEASE SECTION VI.—TUBERCULOSIS AND VENEREAL CLINICS.

TUBERCULOSIS CLINICS.

(Prepared by Dr. J. F. Wicht, Medical Superintendent of Hospitals.)

There are two tuberculosis clinics, situated at 50, Newmarket Street, Capetown, and Church Street, Wynberg. Three weekly sessions are held at the former and two

The former building is an adaptation of a pair of semi-detached cottages, and comprises consulting room, dressing cubicles, combined dispensary and registration room and caretaker's quarters.

The latter building is designed and built on modern lines. It has a spacious waiting hall, which gives access to two consulting rooms with dressing cubicles, a clinical room, and a large combined dispensary and registration room, constructed so as to give privacy in registration and history taking.

The clinic-sessions are conducted by the Medical Superintendent of Hospitals (3) sessions) assisted by two part-time medical officers (one session each). There are four tuberculosis health visitors who assist at the sessions and carry out the home visitation

The work of the clinics is mainly as follows:—

(1) Selecting cases suitable for Nelspoort Sanatorium, to which institution 127

patients were admitted from Capetown during the year.

(2) Recommending hospital treatment for patients whose disease is in too active a condition for sanatorium treatment. In many cases, after a period of treatment in the City Hospital, the disease becomes less active and the patient is sent to Nelspoort for further treatment.

(3) Recommending the more advanced cases for admission to the City Hospital. It is often necessary to admit cases who are dying and perhaps destitute. total Capetown cases of the disease admitted to the City Hospital during the year numbered 388.

(4) Palliative treatment to those unable or unwilling to be admitted to hospital.

In addition to this, doubtful cases are investigated and, if necessary, admitted to hospital for observation.

The clinics help also in educating patients as to how they should conduct their lives

on hygienic principles, so as to avoid infecting others.

The medical officer is always willing to examine contacts and suspects, but these do not usually take advantage of the opportunity, and the majority of the patients have fairly advanced disease.

Many patients whose disease is in an early stage refuse institutional treatment, as they do not feel sufficiently ill; later, when the disease has progressed considerably, they demand admission to Nelspoort, and have to be informed that they are not suitable for sanatorium treatment.

To obtain the best results from sanatorium treatment, the disease should not be in too active a condition. While the disease is progressive the patient should be kept at rest in bed, and when the disease becomes quiescent, sanatorium treatment is indicated. In other words, the sanatorium is to be regarded in the light of a convalescent home, and this is the principle on which the clinics are conducted. Where possible, patients are admitted to hospital for rest treatment, and in some cases patients are advised to rest at home under the supervision of the health visitors.

The four health visitors render invaluable assistance to the medical officer by marshalling facts concerning patients whom they visit in their homes, and by rounding up notified patients and persuading them to apply for treatment.

Patients in needy circumstances are referred to charitable bodies, such as the Board of Aid, the Society for the Protection of Child Life, and the Care Committee for Tuberculosis Patients.

The Board of Aid makes allowances of money and groceries to those patients whose cases are approved by its investigators. The Society for the Protection of Child Life finds foster mothers for children who are the contacts of tuberculous parents, and helps to obtain Government grants for the children of poor families. The Care Committee for Tuberculosis Patients is not merely an after-care committee, i.e. it does not confine its activities to aiding patients who have returned from the sanatorium. Help is given to the dependents of tuberculous patients who are in institutions as well as to the patients themselves when they are at home. Financial assistance, clothing, blankets, etc., are given to patients who are recommended by the tuberculosis officer and whose cases are investigated by the Committee's almoner.

The Care Committee have a small farm at Duinendal on the Cape Flats, where about 24 patients with quiescent disease can be accommodated. Use is made of this institution by the tuberculosis officer who recommends patients for admission either before or after treatment at Nelspoort or the City Hospital. The accommodation is limited to European males. There is no resident medical officer, but the matron is a trained nurse.

Other bodies, such as the A.C.V.V. (D.R. Church), the St. Vincent de Paul Society (R.C. Church), the Fairhaven Work Party, the British Empire Service League and Toc H, also render valuable assistance to the tuberculosis officer, in a more restricted sphere of

action.

European children who are tuberculosis contacts are sent to the Sunshine Home at Bellville, an institution conducted by the Society for the Prevention of Tuberculosis.

There is no institution on these lines for non-European children.

Out-patients receiving artificial pneumothorax treatment are given refills at the City Hospital in a small operating room provided with an X-ray plant for screening purposes. Other special cases are also seen by the Medical Superintendent at the hospital. The total out-patient attendances there of cases of tuberculosis amounted to 431 during the year under report.

During the year there were 7,518 attendances at the clinics as compared with 6,620 in the previous year. The following are the details:—

		1935—	-1936.			1934—	-1935.		
Race.	Atten	dances.	New	Cases.	Atten	dances.	New	Cases.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	
Newmarket Street Clinic: European Other	843 1,905	929 1,715	135 270	101 305	770 2,176	1,039 2,440	126 309	136 362	
Persons	2,748	2,644	405	406	2,946	3,479	435	498	
Total	5,	392	83	11	6,4	125	9	33	
Wynberg Clinic: European Other	257 668	281 920	23 98	31	20 65	22 88	3 12	3 15	
Persons	925	1,201	121	145	85	110	15	18	
Total	2	,126	2	66	1	95	33		

MUNICIPAL TREATMENT CENTRES.

(Prepared by Dr. C. K. O'Malley, M.C.)

A review of the attendances at the three municipal treatment centres for venereal diseases during the year 1935-36 shows (a) a decrease in the total number of new cases, viz., 2,938 as compared with 3,046 in the previous year; (b) a decrease in the number of consultations, viz., 31,506 as compared with 31,729.

The following table sets out the figures for new patients considered from the standpoint of sex, race and disease:—

1. Sex	• •	Males Females	• •	• •	• •		1,740 1,198
							2,938
2. Race					• •		838
		Non-Europeans	• •	• •	• •	• •	2,100
							2,938
3. Disease		Syphilis					1,387*
		Gonorrhœa					817
		Other conditions	• •	• •	• •	• •	734
							2,938

^{*} Including 85 cases also suffering from Gonorrhoea.

Staff.

Of the two assistant medical officers added to the Department in July, 1935, one, a male medical officer, was appointed to the venereal disease branch, the full-time medical staff of the branch being thereby increased to two. He has undertaken five weekly sessions at the venereal disease clinics in addition to assisting the venereal disease officer at the City Hospital and generally. He has also conducted four weekly sessions at the maternal and child welfare centres, while the other new assistant medical officer (female) who was appointed to the maternal and child welfare branch, has conducted a weekly session at the venereal disease clinics. At the end of the year under report 14 sessions a week were conducted by full-time medical officers of the Department and 8 by part-time officers.

The non-medical staff (full-time) of the clinics included the following:—

Working both in venereal disease wards at the City Hospital and in the clinics:—Sister and 4 nurses.

3 orderlies.

Working in connection with the clinics only:—

2 orderlies.

Clerk (and part-time clerical assistance).

Cleaners.

New Premises.

The new building in Spencer Road, for the Salt River venereal disease clinic, which had been held for some years in rented premises in Salt River Road, was brought into use on the 30th December, 1935.

Female intermediate treatment.

Facilities have long been provided at the clinics for male patients requiring frequent treatment by way of irrigation ("intermediate treatment"), but there has been a lack in this respect as regards females. In May, 1935, arrangements were made whereby female patients needing irrigation treatment could obtain it at each centre every weekday. During the year under report the attendances of female patients for such intermediate treatment were as follows:—

			Adults.	Children.	Total.
European .	 	 	366	681	1,047
Non-European.	 	 	76	361	437
			442	1,042	1,484
				ĺ	· 1

Follow-up of defaulters.

A great deal of the benefits that might otherwise accrue from the Council's scheme for dealing with venereal disease are lost by reason of the patients prematurely discontinuing their attendances. To meet this situation a system was adopted of sending an informal letter by post to all defaulters, advising them to resume attendance. This was brought into operation in July, 1935, and the following figures show the number of such letters sent during the year under review and the number of cases who responded by resuming attendance:—

				Letters sent.	Responded.
Males:	European		 	 $5\overline{34}$	43.
	Non-European		 	 1,145	62
Females:	: European		 	 82	15
	Non-European	• •	 	 724	40
				2,485	160

It will be seen from these figures that the results of this work were very meagre. Much greater success has been obtained in the subsequent year by the application of Section 58 of the Public Health Act and by the home visitation of defaulters.

Incidence.

There is nothing of note to report on the incidence rate of venereal disease for the year under review; the rate remains more or less stationary. It is perhaps noteworthy, that despite the great facilities for the treatment of venereal disease afforded by the municipal authorities, no striking reduction in the amount of venereal disease has been achieved. It seems as though the present rate will remain the standard index unless other means, such as education and better housing, etc., are adopted which would incidentally raise the social standard of the population.

Propaganda work is in fact undertaken by the Capetown Society for Combating Venereal Disease, which is a voluntary body assisted by the Union Health Department, the Corporation of the City of Capetown and the Cape Divisional Council. Free film demonstrations accompanied by medical lectures are given in the Municipal and Divisional Council areas. The City Health Department is actively associated with this excellent work.

The following table shows the number of new cases of venereal disease registered in a few large cities compared with their respective populations:—

City.		Year.	Total new cases.	Population.	Rate per 1,000 Population.
Capetown Johannesburg and Rietfor	ntein	1934-35	3,746	293,249	12 ·8
Hospital	• •	1934-35	4,292	448,000	9 .6
Glasgow		1935	5,468	1,123,541	4.9
Hull		1935	1,296	322,200	4.0
Birmingham		1935	3,217	1,033,000	3 · 1
Coventry		1935	501	190,000	$2\cdot 6$

The following table shows for a series of years the total new cases registered at all the Municipal Treatment Centres and the rate per 1,000 of the population.

Year end 30th Jun	Total New Cases.	Population.	Rate per 1,000 population.
1921	 1,909	181,240	10.5
1922	 1,458	186,050	7.8
1923	 1,265	191,020	6 • 6
1924	 1,331	196,150	6.8
1925	 1,507	201,440	7.5
1926	 1,759	209,956	8 • 4
1927	 1,942	218,053	8 • 9
1928	 2,268	248,758	9 · 1
1929	 2,987	256,995	11.6
1930	 3,316	262,192	$12 \cdot 6$
1931	 3,423	267,337	12 •8
1932	 3,408	273,118	12.5
1933	 3,617	279,469	13.0
1934	 4,126	286,708	14.4
1935	 3,746	293,249	12.8
1936	 3,598	293,180	12.1

The table on the next two pages gives in detailed information the attendance for each disease.

The following table affords a summary of the more comprehensive table on page 92. The figures include the cases of venereal disease seen and treated at the pre-natal clinics at the welfare centres:—

Type of Disease.	Euro- pean.	Non- Euro- pean.	Total.	No. of consultations	34,086 33,556 10,811
Primary and secondary				No. of intramuscular injec-	10,011
syphilis	97	373	470	tions	9,761
Tertiary syphilis	114	1,103	1,217	No. of specimens for Wasser-	
Syphilis of the C.N.S.	11	17	28	mann reaction (V.D. clinics)	4,903
Congenital syphilis	4 0	292	332	No. of specimens for Wasser-	
Gonorrhoea	376	441	817	mann (pre-natal clinics)	4,680
Other venereal diseases	17			No. of smear examinations	
Non-Venereal diseases	205	386	591	for gonococci	4,418
Undiagnosed	17	37	54	No. of operations	14
				No. of sessions held during	
Totals `	877	2,721	3,598	the year	1,057

	it of a	i.	Negative.							111	611	41	41
Routin	blood tests of pregnant	wome	Positive.							180	181	= =	=
-		1	.enotheragO	#1110111	14				1				-
			Smear examinations.	223 298 113 301 186	1,487	2554 1 414 1 414 257 257	2,430	224 81 81 43 43	485	111111		11111	
-			Wassermann reaction.	44 44 44 304 120	1,739 1,	24 24 24 89 89 1529 251 251	2,490 2	27. 10. 19. 19. 19. 25. 25.	674	851	863	1117211	54
		·suc	Intramuscular injectio	713 494 7 7 1,151 569 92 92	3,212	1,44 326 326 180 926 869 444 524	4,745 2	198 144 16 17 526 377 131 175	1,584	1 1 101 1 1	27	11111	
		· s	Intravenous injection	638 500 100 100 100 100 100 100 100 100 100	3,052	1,114 523 1 20 797 1,711 5	4,211 4	219 166 - 513 539 21 19	1,483	1 - 473	474	111011	10
			Intermediate treatme	4,826 121 121 4,140 1 1	9,117 3	608 608 4,138 20 1 278	19,740 4	1,301 53 61 8,162 71	4,699	1 1 1 1 1		11111	1
			Undiagnosed.	101 C4	15 9,	0 1 4 8 01 4 1 4	16 19,	c144 044 Lj &	23				
	_ <u>-</u>		Non-venereal diseases	94 46 000 000 000 000 000 000 000 000 000 00	170	00 1 00 8 2 2 4 4 4 6 6 4 4 4 4 4 4 4 4 4 4 4 4 4	290	16 22 22 13 13	131	11111	1	11111	1
	suffered.	*8	Other venereal disease	9 1 12 1 1	27	38 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20	111100411	12	1 1 1 1 1			-
ses.	patients		Conorrhoea only.	96 12 14 167 14 12 22	336	205 8 1 118 14 14	385	24 20 20 14 14	66	1 1 1 1 1 1		11111	-
New cases.	which	J	Syphilis and Gonorrho —Patlents with both diseases—included in preceding columns.	1 13 13	25	4 - 1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	45	L 1 0 x0 1	15	11111	Ι.	111111	-
	ases from		Syphilis, congenital.	01 01 01 00 00 9 11 00 00 00 00 00 00 00 00 00 00 00 00 00	83	22 5 2 2 3 2 3 4 8 8 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	170	1147361401	78	11111		11111	'
	Disea	•ui	Syphilis of the central nervous syste	wey wey	15	4 □ □ 이 □ □ □ □	∞	7117 111	5	11111	1	11111	1
			Syphills, tertlary.	20 7 7 136 136 1	198	119 14 166 166	229	10 10 10 81 11 6	132	176	177	111=11	11
			Syphilis, primary and secondary.	22 117 117 120 130 130 140 150 150 150 150 150 150 150 150 150 15	216	4 6 1 1 885 1 1 6	167	27.2 14.8. 44.1.	86	11111	1	11111	1
			Total.	201 48 48 3 27 246 246 43 86	1,060	378 49 11 24 325 276 95 154	1,312	51 7 7 165 181 55 68	566	1 - 176 - -	177	111211	==
			Total attendances.	2,786 1,433 1,433 3,004 2,269 237 6655	10,697	6,070 1,203 71 889 2,616 3,235 7,05 1,175	15,964	701 469 30 30 94 1,266 1,206 245 334	4,845	577	578	1118	18
			Sex.	Male Female Male Male Male Male Male Female	:	Male Female Male Female Male Female Male Female Male Female Female Female	:	Male Female Male Female Female Female Male Female Male Male	:	Female Female Female Female Male		Female Male Female Female Male	
			s.	: : : :	:	: : : :	:		:	::::	:	:: ::	
		71:54	Children.	Adults Children Adults Children	Total	Adults Children Adults Children	Total	Adults Children Adults Children	Total	Adults Children Adults Children	Total	Adults Children Adults Children	Total
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*This is a voluntary Clinic supplied with Government drugs through the Corporation.

SECTION VII.—CITY HOSPITALS.

(By Dr. J. F. Wicht, Medical Superintendent of Hospitals.)

The hospitals for infectious diseases controlled by the City Council are two in number, the City Hospital, Portswood Road, and Rentzkie's Farm Isolation Hospital.

STAFF (30TH JUNE, 1936).

Medical Superintendent of Hospitals: J. F. Wicht, M.D., Dublin, D.P.H., Capetown, Tuberculous Diseases Diploma (University of Wales).

Two House Physicians (appointed for a period of six months).

City Hospital.

Matron (Miss A. M. Leslie).

Assistant Matron (Miss L. Lloyd).

Home Sister.

Night Sister.

6 Ward Sisters.

Ward Sister for venereal disease wards and female clinics.

Staff Nurses.

Student Nurses.

Probationers.

Dispenser.

3 Orderlies for venereal disease wards and male clinics.

2 Porters.

Relieving porter-orderly.

Domestic and labouring staff.

Isolation Hospital.

Caretaker.

Labouring staff.

CITY HOSPITAL FOR INFECTIOUS DISEASES, PORTSWOOD ROAD.

This hospital is situated near the North Gates of the Docks and is bounded on the south-western side by the Green Point Sports Ground, from which it is separated by an iron fence. The New Somerset Hospital, forming the north-eastern boundary, is separated from the hospital by a road. The north-western boundary is a piece of ground laid out in tennis courts by a sports club, while Portswood Road forms the south-eastern boundary. Except for the portion between the hospital and the Green Point Sports Ground the site is surrounded by a wall. The total area of the hospital ground is $7\frac{3}{4}$ acres, and the buildings comprise the Medical Superintendent's residence, house physicians' bungalow, the administrative block and nurses' home, seven infectious diseases wards, two temporary wards, dispensary and drug store, venereal disease wards and clinic, laundry, disinfecting station, garages, stores, ambulance drivers' cottages, and natives' quarters.

The first buildings were erected in 1899 and were occupied by the military authorities during the Boer War until 1902, when the hospital was opened for the isolation and

treatment of infectious diseases.

For many years the hospital consisted only of the Medical Superintendent's residence, a portion of the administrative block and two wards (isolation and scarlet fever). Additions were made in the following order: enteric ward, tuberculosis chalets, diphtheria ward, tuberculosis ward, venereal disease block, and the administrative block was enlarged to accommodate the increased nursing staff.

A house physician's bungalow with two bedrooms and a small dining room was built in 1930 and in August of that year a second house physician was added to the staff.

A new double-storied block to accommodate nearly 100 non-European tuberculosis patients was completed and brought into use early in 1931, and a wood-and-iron ward was altered to provide four double-bedded isolation rooms. To provide adequate housing for the increased staff an additional nurses' home consisting of 32 bedrooms, together with recreation rooms, store rooms and ironing rooms was built.

At present it is necessary to accommodate patients on the stoeps (verandahs) of the tuberculosis and diphtheria blocks, as the wards are not large enough. In connection with the proposed enlargement of the hospital the wide stoeps will be preserved but it is hoped that there will be a sufficient number of indoor beds for all needs. At page 33 reference is made to the extension of the hospital that is now in progress.

It is our practice to allow visits to patients twice weekly (on Wednesdays and Sundays). Children under 16 years are not allowed and visitors to the infectious blocks remain outside the wards and converse with the patients through the windows. In cases of dangerous illness near relatives are allowed to enter the ward, and special precautions are taken to avoid infection.

A course for a certificate in Infectious Diseases Nursing for nurses who hold the certificate of general training was instituted in 1929, and lectures are given at weekly intervals by the Medical Superintendent. In addition to this a scheme is in operation by which nurses who are undergoing their general training are taken on for periods of three months, during which time they receive instruction in the principles of fever nursing.

The proximity to the Somerset Hospital allows of a certain amount of team work which would otherwise be impossible in a hospital with a medical staff of four (super-

intendent, venereologist and two house physicians).

Radiographic work is carried out at the Somerset Hospital by arrangement with the Cape Hospital Board authorities and, owing to the courtesy of the honorary visiting staff of the Somerset Hospital, aid is always forthcoming for patients who need advice or treatment in the special branches of medicine as such laryngology, ophthalmology, etc. Routine bacteriological and pathological work is carried out by the Government laboratory. By arrangement with Professor Ryrie, of the University of Capetown, autopsies and special pathological investigation are conducted by the University staff. Professor Ryrie and Dr. Vadas, his assistant, render valuable aid to the hospital in this branch of medical science. Biochemical investigations are carried our by Dr. Linder who also undertakes the treatment of patients found to be suffering from diabetes.

During the period with which this report deals Dr. Joyce Wright of the University Bacteriology Department conducted an investigation into the types of Corynebacterium diphtheriæ prevalent in Capetown. Her findings were published in the form of a paper

in the British Medical Journal.

A communication entitled "Accidents in artificial pneumothorax treatment" was published by the Medical Superintendent of Hospitals in the South African Medical Journal, vol. 10, 505-6, June 25th, 1936. Another paper dealing with an unusual case of infection with the Corynebacterium diphtheriæ was submitted to the Lancet in May, 1936, but was not published until November 29th, 1936, (i.e. in the period covered by the next annual report).

The hospital provides facilities for the study of infectious disease, and is attended by medical students and also by graduates in medicine who are taking the Diploma in Public Health. The Medical Superintendent is University Lecturer in Infectious Diseases,

and Dr. O'Malley holds the lectureship in Venereal Diseases.

The hospital possesses a small operating theatre and major operations are performed by the consulting surgeon, Mr. T. Lindsay Sandes, M.D., F.R.C.S. During the year under report the operating theatre was used on 43 occasions, as follows:—

Laparotomy for perforated typhoid ulcer		 	3
Laparotomy for other causes		 	2
Phrenic nerve (crushing and injection of alcohol)		 	1
Frontal sinus		 	1
Tonsillectomy		 	25
Mastoid, cortical		 	2
Mastoid, radical	• •	 	3
Other operations (minor)	• •	 	6
			43

The operation of tracheotomy was performed on 34 occasions in the minor theatre

in Ward 7. 20 of the patients recovered.

It is customary to add a few clinical notes to this portion of the annual report and in previous reports I have described special features of the infectious diseases met with in the wards of the City Hospital. This year I am appending a short paper on tuberculous meningitis which was given in a slightly different form to a branch meeting of the Medical Association of South Africa (B.M.A.) (see page 99).

Scarlet Fever. It will be seen that there were two deaths from scarlet fever, a disease which is usually mild.

Case 1. A young girl who had entered the Somerset Hospital as a probationer nurse developed scarlet fever about 10 days later. The infection was probably derived from a patient in the children's ward as there had been a small outbreak of the disease. Pulmonary complications appeared at an early stage and a septic empyema followed by gangrene of the lung with a bronchial fistula was the cause of death.

Case 2. A young coloured male was admitted to the City Hospital with scarlet fever. There was no rash, but patient was desquamating heavily. Crepitations were found in the lungs, but he was not considered to be seriously ill. A few days later there was a sudden rise of temperature to 106° and he became comatose and died. Autopsy showed an abscess of the lung which had apparently given rise to septicæmia.

There were 1,863 admissions to hospital during the year (917 Europeans and 946 non-Europeans). 18 cases were admitted twice during the year, and 54 other cases admitted in previous years were again admitted in the year under review.

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The average number of patients in hospital per diem for a series of years is as follows:—
                                            1927-28 1928-29 1929-30 1930-31 1931-32
                     1925-26 1926-27
           1924-25
                                             151.7
                                 125.5
                                                        156 \cdot 2
                      107 \cdot 7
                                                                  159 \cdot 1
                                                                             204 \cdot 3
                                                                                         238 \cdot 2
62 \cdot 9
           69.6
                                                   1934-35
                         1932-33
                                      1933-34
                                                               1935-36
                                                   263.4
                         245 \cdot 3
                                      256 \cdot 7
                                                                280 \cdot 2
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Details in regard to cases treated are shown in tables 1, 2 and 3.

Table 1.—Number of persons treated in the City Hospital, for the period July 1st, 1935, to June 30th, 1936, classified according to the wards of the City, etc., to which they belonged.

		Un treat ly 1s			A	dmi	tted		D	Discharged.				Died.			Under treatment June 30th, 1936.				Total	Day Units.				
Wards, etc.		E		0	3	E	(0		E O		o	E			О		E		O	ad- mitted persons	; ; [0		Total.
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1. Sea Point 2. Harbour 3. West Central 4. Kloof 5. Park 6. East Central 7. West Central 8. Woodstock 9. Salt River 10. Mowbray 11. Maitland 12. Rondebosch 13. Claremont 14. Kalk Bay 15. Wynberg Langa Location N'dabenl Location Not Allocated From Ships From outside the Municipality	5 4 - 5 4 6 1 2 6 5 1 1 1 5 2 4 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 2 8 4 7 -10 10 5 2 1 3 1 6 	2 2 3 - 8 10 3 8 1 6 5 3 3 5 2 - 2 1 8	1 3 4 1 1 14 7 6 3 - 4 4 6 1 5 - - - - - - - - - - - - - - - - - -	20 23 1 26 19 26 7 48 50 31 23 8 19 19 24 - - - 2 26 67	17 33 6 25 36 30 5 60 63 48 22 14 22 15 22 -	1 16 12 19 4 75 43 27 17 10 32 44 17 8 24 8 1 6 2	8 14 25 31 5 73 31 33 21 7 32 47 10 - - 81	$ \begin{array}{c} 1 \\ 28 \\ 20 \\ 28 \\ 4 \\ 38 \\ 46 \end{array} $	13 31 7 30 35 30 4 56 57 44 20 12 11 27 - - 4 50	12 9 10 3 49 32	7 9 19 18 5 64 26 22 166 6 24 42 9 54	2 1 1 1 2 3 4 6 1 2 - - - - - - - - - - - - - - - - - -	1 3 1 1 1 4 4 - 5 3 1 3 - 1 - 1 - - - - - - - -	-4 57 1 222 100 122 5 3 9 10 4 1 1 9 3 2 3	25 53 31 11 18 9 10 6 1 11 11 19 6 5 4 - -	4 - 222218484	3 4 -2 4 3 1 9 13 8 1 3 2 	-2 12 12 11 4 5 3 8 11 1 -1 -1 -1 -1	3 3 6 - 5 3 7 7 2 - 1 9 1 6 6 1 1 1 0	46 86 44 101 64 204 86 168 151 96 109 113 84 64 117 18 32	1,740 1,587 18 1,740 1,102 1,644 356 2,354 2,062 677 273 1,474 936 1,273 - 400 720 2,991	614 1,546 449 1,395 1,609 1,346 243 3,233 3,887 2,779 951 848 1,290 1,122 806 	230 749 857 903 94 5,704 2,571 1,103 1,967 312 2,478 2,913 1,459 872 1,349 287 24 650 54 4,049	241 934 1,053 2,003 2,003 4,329 1,617 1,826 1,129 231 1,506 2,478 1,330 932 2,206 477 - - - - 3,281	2,825 4,816 2,377 6,041 2,942 13,023 4,787 8,516 9,020 5,384 5,612 6,512 5,553 3,862 5,634 764 1,050 885 12,943
Totals	56	70	72	69	439	478	433	513	391	455	293	391	33	35	131	128	71	58	81	63	1,863	23,384	24,851	28,625	25,710	102,570

E-Europeans.

O-Others, or non-Europeans.

CITY ISOLATION HOSPITAL, RENTZKIE'S FARM.

This hospital is situated at Rentzkie's Farm, in the Maitland Ward, about six miles from the centre of the City, and has 42 beds. It is primarily intended for smallpox, plague and typhus fever, and there is no permanent resident staff except the caretaker, with labourers.

The hospital has accommodation available should an epidemic of any infectious disease assume large proportions, and serves as an overflow when the City Hospital wards are unable to take any cases of the more common infectious diseases. In addition, the Union Government own buildings containing 163 beds at Rentzkie's Farm for use in quarantining passengers and crews of ships entering the Port of Capetown with formidable epidemic diseases on board.

The hospital, which was empty from the beginning of the year under report, was opened in April, 1936, for the accommodation of cadets from the S.A.T.S. General Botha, anchored off Simonstown, on board which cases of diphtheria had occurred. The ship is outside the municipal area, and arrangements for the reception of the patients were made by the City Health Department at the request of the Union Health Department.

The first patients were admitted on 6th April, 1936, and during the year under report (i.e. up to 30th June, 1936) 14 (all European males) had been admitted, diagnosed either as cases of diphtheria or as carriers. After change of diagnosis 5 were recorded as cases and 9 as carriers. One carrier was discharged and 5 cases and 8 carriers transferred to the City Hospital, Portswood Road; 3 of the cases and 1 carrier were afterwards transferred back again from the City Hospital to Rentzkie's Farm Hospital, and discharged.

By 30th June, 1936, there were no patients in the hospital but more were admitted from the training ship in the course of the next year.

The total day units for Rentzkie's Farm Hospital during the year numbered 556.

NATIVE HOSPITALS, LANGA AND N'DABENI.

The natives resident at the Council's locations are provided with free medical attention. The old hospital at N'dabeni, which was used as a branch out-patient department, was closed on 17th August, 1935. The N'dabeni location was finally closed on 31st December, 1935.

At Langa there is a modern hospital of 24 beds and out-patient department. The native residents are also visited in their own homes by a nurse or medical officer if required.

The matron resides at Langa hospital with a European sister and has on her staff three native nurses (general or midwifery trained) and three native male orderlies. One of the three native nurses was stationed at the N'dabeni hospital but after it was closed all three were stationed at Langa hospital.

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Table 2-Number of Cases treated at the City Hospital for the period July 181, 1935, to June 30th, 1936, classified according to race, sex and disease

With the transfer of the third native nurse to Langa, a midwifery service was established at the hospital for the attendance of the location women in their own homes. The confinement fee is 11s.

The activities of the hospitals for the year ended 30th June, 1936, are shown by the following figures:—

			Langa.	N'dabeni.
Daily average number of in-patients			$12 \cdot 14$	
In-patients admitted		• •	234	
Number of new out-patients			1,557	
Number of attendances by out-patients		• •	13,655	111
Number of visits to patients at their home	es by	:		
Doctor /			756	6
Nurse			1,631	14
Midwifery scrvice (from February, 1936)	:			
No. of confinements attended (extern	ı)		14	
Visits made by midwife		• •	195	

THE PROBLEM OF TUBERCULOUS MENINGITIS.

By Dr. J. F. WICHT.

My experience of this disease is based mainly on a number of patients seen during a period of nearly ten years at the City Hospital. Reference to the records shows that in ten years (1926-27—1935-36) there were 1,073 cases of meningitis. Of these, 565 were meningococcal, in 105 some other pyogenic organism (pneumococcus, streptococcus, influenza bacillus) was the cause, and the remaining 403 were tuberculous. I have not made a careful analysis of these cases as there is a certain degree of monotony in many of the records, but I am selecting the more interesting and instructive details for discussion.

It is common knowledge that the disease occurs mainly in children who are exposed to infection by the tubercle bacillus either as contacts with consumptives or by drinking infected milk. Although Cobbett and others have shown that the bovine bacillus may invade the meninges, there are no figures available to demonstrate the extent of bovine infection in Capetown, and as phthisis is so prevalent it is reasonable to suppose that most of the cases of meningitis are caused by the human type of bacillus. Owing to the difficulty of obtaining reliable family histories it is not always easy to trace the source of infection, but not infrequently a parent or a near relative is found to be suffering from phthisis. Nevertheless the danger of drinking raw milk should be borne in mind and all milk given to infants and children should be boiled or pasteurized. Pasteurization must be thorough and commercially pasteurized milk, unless approved by the health authorities, is not always safe.

The appalling incidence amongst coloured children is seen when the 403 cases are classified for race and disease. Only 69 cases were in Europeans, whereas there were 334 coloured patients. In a short series of consecutive cases over 70 per cent. occurred in children under five years of age, 16 per cent. occurred in children between 5 and 10 years old and only 4 per cent. occurred in adults. Although some observers have stated that the sexes are equally affected, in my series there are 225 males to 178 females.

Tuberculous meningitis may be the cause of death in patients of any age who are known to be suffering from pulmonary or surgical tuberculosis, but these cases are the exception rather than the rule. In the tuberculosis wards of the City Hospital meningitis is not often clinically recognisable in patients dying from phthisis. It is commoner for the disease to appear rather unexpectedly in adults or children who are not suspected of being tuberculous. In some cases trauma or an infectious disease precedes the meningitis.

It is usually taught that tuberculous meningitis is part of a miliary tuberculosis, but of recent years Rich, working in America, has sought to prove that infection of the meninges is the result of direct spread from a lesion in the brain. In a number of autopsies performed at the City Hospital by Professor Ryrie of the University of Capetown, miliary tuberculosis has been an almost constant finding, and primary foci were usually discovered in the thorax or abdomen, rarely in the brain. The pulmonary lesion may be relatively insignificant and may show signs of fibrosis. On more than one occasion I have seen at autopsy a vertebral lesion which has caused no painful symptoms and which had given rise to an undetected psoas abscess. In these cases infection had spread directly from the caseating bone to the meninges.

In textbooks of medicine one is apt to find a conventional and stereotyped description of the disease, which is divided rather formally into three stages. In practice the stages are not so clearly defined and it is probably correct to state that the textbook signs and symptoms are most likely to be found in older children, but that in infants, young children and adults the onset and course of the disease are atypical as judged by textbook standards. In infants and young children the disease is often insidious and may be ushered in by vomiting, diarrhea, pyrexia and sometimes by convulsions. As the significance of these symptoms is difficult to estimate in young patients it is not surprising to find that the diagnosis is often delayed until there are definite signs of organic intracranial disease. This is shown by bulging of the fontanelle in infants, by inequality of the pupils or loss of light reflex, by a fixed staring expression of the eyes, by cranial nerve palsies or by a lapse into continued convulsions or coma. It should be remembered that in infants, neck rigidity and Kernig's sign may be absent, although Brudzinskis neck sign is usually present and is a valuable indication for diagnostic lumbar puncture. Adults usually complain of headache, but diagnosis may be difficult. Hilliard Holmes, who reviewed 29 cases of the disease in adults who were admitted to hospital, states that only two had the correct diagnosis on admission. Most of the patients were labelled nervous debility, neurosis, influenza, pneumonia, malaria, etc. The symptoms were varied and he notes the following modes of onset—headache, vomiting, backache, constipation, pyrexia, coma, delirium, strangeness of manner, drowsiness. Warrington, who records cases of the disease in adults, notes strangeness of manner, excitability, throbbing in head and numbness of arm followed by hemiplegia as being initial symptoms.

In one of my cases a young girl developed severe headache and behaved so strangely that she was thought by a doctor to be suffering from hysteria. She had no neck rigidity and no pyrexia, but was shouting and screaming when examined. A day or two later the neck became rigid, the temperature rose to 104 degs. and tubercle bacilli were found in the cerebrospinal fluid. Her father was a patient at the tuberculosis clinic, but although he had physical signs in his lungs his sputum was never positive. Another patient, a young man, developed hemiparesis and was thought to have encephalitis. Neck rigidity appeared, but was not well marked and a consulting neurologist who found slight papilloedema supported the diagnosis of encephalitis. On enquiring of his relatives it was learnt that his father had died of pulmonary tuberculosis. Tubercle bacilli were not found in the cerebrospinal fluid, but at autopsy tuberculous meningitis was found. There was a small, apparently healed, primary focus in the lung.

The duration of the disease is short and is usually from a few days to a little over a fortnight. Occasionally the duration is longer and one infant lived three months. Most of the patients lived a week or less after admission to hospital, a few survived for fourteen days. It was not possible to measure the total duration of the illness as the onset was often insidious and the history unreliable. An adult out-patient who had formerly had pneumothorax treatment returned complaining of giddiness for three weeks and died eighteen days later of tuberculous meningitis. The diagnosis was made difficult by the fact that he had suppurative otitis media and was thought to have disease of the labyrinth.

It is obvious that the condition of the cerebrospinal fluid should be of diagnostic importance. The fluid is usually under pressure but this is not pathognomonic of menigitis and may be found in encephalitis and meningismus. In appearance it may be clear, opalescent, or slightly turbid. It is rarely turbid or purulent. Sometimes it is yellow in colour from old hæmorrhage and sometimes it contains fresh blood. On standing a coagulum usually forms and the tubercle bacilli may often be found entangled in the fibrin. The cells are usually increased and may consist of lymphocytes and polymorphs the former usually predominating. It is not always easy to find tubercle bacilli and frequent examinations may be necessary. Guinea pig inoculation is a useful check on diagnosis especially when no autopsy is permitted or in case recovery should occur.

The chemistry of the fluid is characterized by an increase in protein and globulin, the former usually rising to over 100, and a fall in chlorides usually to at least 650 or even much less, and an absence of sugar. These changes are often absent in the early stages and it is not unusual to find a high chloride figure and a normal sugar reaction even when tubercle bacilli are discovered in the cerebrospinal fluid.

Tuberculous meningitis is most easily diagnosed when a patient, after a few days of malaise and headache, lies in bed with his legs drawn up and shows neck rigidity with squint or facial paresis in association with a clear or opalescent cerebrospinal fluid containing an abnormal number of lymphocytes, an excess of albumen and a deficiency of chlorides. In addition there may be obstinate constipation, vomiting, the hydrocephalic cry and as the disease progresses apathy which deepens into coma. Unless tubercle bacilli are found there is a possibility of error even in apparently typical cases.

In the early stage and in less typical cases it may be extremely difficult to establish a diagnosis, although the presence of the disease may be strongly suspected. As the prognosis is so bad it is inadvisable to make a definite diagnosis in the absence of a positive

cerebrospinal fluid, but it may be necessary to warn the realtives of impending danger. The differential diagnosis may be considered on the following lines. Tuberculous meningitis may be confused with diseases in which the prognosis is good or for which there is specific treatment, and it is essential to recognise the latter class. There are only a few of these diseases and they will be discussed after a few words have been said about meningismus, a condition which may cause a little difficulty. Meningismus is usually associated with an obvious cause such as typhoid or pneumonia, although in some cases of pneumonia the physical signs do not appear for a few days. The cerebrospinal fluid is under pressure, but is clear and shows no abnormal cytology or chemistry. The prognosis is that of the condition causing the meningcal irritation. Lumbar puncture should be done early in all cases where there is the slightest suspicion of meningeal involvement so that meningococcal meningitis may be recognised in an early stage. In meningococcal infection the onset is usually sudden and the neck rigidity is more marked than in tuberculous meningitis, but the deciding factor is the condition of the cerebrospinal fluid. At an early stage the fluid may be clear in meningococcal meningitis, but organisms can usually be found on microscopical examination.

It is most important to remember middle ear disease as the cause of headache and neck rigidity with pyrexia. In the intial stages of a meningitis caused by chronic otitis the cerebrospinal fluid may be opalescent and contain an excess of cells, usually polymorphs, no organisms being present. Delay is dangerous, and drainage should be established immediately. It is better to open up the mastoid cells of a tuberculous patient than to postpone operation in one with otitic meningitis. These remarks may also be applied to infection of the frontal sinus, and in cases of severe headache one should not forget to examine this region.

A third, but somewhat rare condition which reacts excellently to treatment is syphilitic meningitis. When there is doubt it is well to give the patient anti-syphilitic treatment e.g., bismuth. Occasionally patients with tuberculous meningitis have cerebrospinal fluid which gives a positive Wassermann reaction. It is also probable that some of the supposed cures from mercury inunction in tuberculous meningitis were due to the fact that the patient was really suffering from syphilitic and not tuberculous meningitis.

Uræmia may be confused with tuberculous meningitis and here too an early diagnosis may lead to the use of treatment which may prove beneficial.

It might be as well to mention tetanus in this group, as I have frequently seen this disease diagnosed as meningitis. I think that this error can be prevented by making a careful examination of the patient and remembering the possibility of tetanus. It is not unusual to see rigidity of limbs and tetanic convulsions in the later stages of tuberculous meningitis.

There are a few conditions in which no special treatment is indicated and where delay in making a diagnosis is not detrimental to the patient's chances of recovery. In this group we may place encephalitis, poliomyelitis, cerebral abscess, subarachnoid hæmorrhage, cerebral tumour, benign meningitides. The diagnosis from encephalitis may be difficult in the absence of tubercle bacilli in the cerebrospinal fluid. The first case in the St. Louis epidemic of encephalitis was considered to be tuberculous meningitis until an autopsy was made. This case was the forerunner of a number of cases clinically resembling tuberculous meningitis. In tuberculous meningitis there may be little neck rigidity and cranial nerve palsies may appear while the patient's mental condition is still fairly clear. These remarks apply especially to adults. In children I have seen cases with flaccid paralysis which have resembled poliomyelitis and for several days the chemistry of the cerebrospinal fluid has afforded no help—i.e., chlorides and sugar were normal. In subarachnoid hæmorrhage until the cause of the bleeding has been determined, it is often difficult to exclude the possibility of tuberculous meningitis with hæmorrhagic cerebrospinal fluid. A young man seen recently complained of headache for about 36 hours and then became restless and semi-comatose. There was a history of slight trauma a few days previously and on lumbar puncture the cerebrospinal fluid was found to be intimately mixed with blood. There was but little pyrexia and the diagnosis rested between hæmorrhagic encephalitis. spontaneous subarachnoid hæmorrhage and possibly tuberculous meningitis. He was much relieved by lumbar puncture. No organisms were found and in 10 days the patient had made a complete recovery which apparently ruled out possibility number three.

Cerebral tumours may present grave difficulties in diagnosis, and I do not propose to discuss them here. I have seen several tumours in which the first sign was meningeal irritation caused by hæmorrhage into the subarachnoid. Of course many cerebral tumours are easy to recognise, but I am referring to the odd atypical case. Cerebral abscess should perhaps have been included in the first group—conditions reacting to treatment but I think both physicians and surgeons will agree that cerebral abscess is not usually an emergency and that a little delay in making the diagnosis may allow localization to take place. When cerebral abscess is associated with neck rigidity there is probably septic infection of the meninges, but it may be some days before pyogenic organisms are found in the cerebrospinal fluid,

From time to time benign meningitides are encountered and one of these—benign lymphocytic meningitis may closely resemble the tuberculous variety. As its name suggests the prognosis is always good and when a patient with most of the signs of tuberculous meningitis but with a T.B. negative cerebrospinal fluid recovers apparently rather miraculously it is probably because he has had benign lymphocytic meningitis. It is considered to be a virus disease, (Bengtson and Wooley) and there is a growing literature on the subject. Epidemic serous meningitis, when a single case is seen, may also cause difficulty—as may simple aseptic meningitis. In the former the cells are not usually increased, and some authorities consider it to be an abortive form of poliomyelits or encephalitis. In the latter an excess of polymorphs is present and it is possible that it is really an abortive meningococcal infection.

Hughes states that lead encephalopathy may cause confusion and notes that it is common in adults and children in the Far East where face and toilet powders containing lead are used.

To sum up then, tuberculous meningitis may often be diagnosed with ease on clinical grounds supported by positive findings in the cerebrospinal fluid. On the other hand it may be extremely difficult to come to a definite conclusion and the only line to pursue, is to exclude conditions which urgently require treatment.

I do not need to dwell on the almost complete hopelessness of the prognosis. There are however definitely authentic cases of recovery. Cramer and Bickle reviewed 46 cases of proved tuberculous meningitis with recovery, but 25 per cent. of the patients died later of pulmonary tuberculosis. In one of my cases, a boy of 10 years had the clinical appearance of tuberculous meningitis and the cerebrospinal fluid was reported to be positive. He made a totally unexpected recovery, but the bacteriologist told me that only one tubercle bacillus had been seen, so I regard the case as doubtful.

Treatment is usually unavailing, but it is said that repeated lumbar puncture gives the best chance of recovery. It is not unusual for the symptoms to become alleviated after lumbar puncture but they return in a few hours and a second lumbar puncture does not usually have the same effect. Amongst forms of treatment recommended in the literature we find sanocrysin, allergine (a tuberculin), deep X-ray therapy, etc., but I do not think that any of these is of use.

The final problem is that of prophylaxis. Tuberculous meningitis will continue to take its toll of children as long as they are born and spend their infancy in the grossly infected slums of the City. It is hoped that a campaign against the bad social conditions will succeed, and there are signs of an awakening of the public conscience. The Government and local authorities are beginning to attack the evil seriously. In some countries B.C.G. vaccine has been praised, but one hears of children who were incoulated failing to develop immunity and dying of tuberculous meningitis. It is a wise measure to remove young children from contact with tuberculous parents and others. Preventoriums, sunshine homes, and institutions for isolating sputum positive adults, all play their part in this scheme. Parents and guardians of children should remember the high rate of pulmonary tuberculosis amongst coloured persons and poor whites, and should exercise care in the choice of nurses and domestic servants. The Municipal clinics provide facilities for examination of suspects free of charge. Finally the possibility of milkborne infection should not be overlooked.

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TABLES.

of non-Residents (Outward Transfers) are excluded from the Table proper and shown separately. Deaths of European Capetown Residents which Municipality (Inward Transfers) are included in the sections for age-periods but not in the sections for wards. (53 weeks ended 3rd July, 1936.) DEATHS FOR THE YEAR ARRANGED AS TO CAUSES, RACE, SEX, AGE-GROUPS AND WARDS. Deaths in Capetown occurred outside the TABLE A.

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23	Tuberculosis of Respi-	1). -	-	-	-	-	-	-	-	-	-	-	-	-	-	5	10	1.	-	-	- 0	-	1	-	-	1 3	1	-	-	-	1	-	-	2	3	5
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27	Tuberculosis of Other	CE	2	6-	-	_	_	_	-	_	-	_	_	-	-	_		- -	1	-	-	-	-	-	_	-	_	-	-	1	2		- ·		1	1	5
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035		I. (cont.) Tuberculosis of Skin &	—- {Ε. Ο.		-	-	-	-	-	-	-	_ {	-	-	-	-	-	-	_		_	-	-	-	-	-	-			-		_	-	-	-	-
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041	33	Tuberculosis Leprosy	{E. O.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	=	-	-	- 8	-	-	-	1 1	_	-	_	-
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044	35	Other Venercal Discases	{E. O.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	_	<u>-</u>	1 . 1
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047	38	Malaria	{E. O.		-	-	-	-1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	_1	-	-	-	-	-	_ _	-	=	_1 _	1	_2	<u>-</u>	-
048	39	Other Diseases due to Protozoa	E O		-	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-1	-	-	-	-	_1	-	-	-	-	-	1	-	1 	-	-
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050	40	Ankylostomiasis	E O	-	-	-	-	-	-	-	-	-	-	-			-	-	_	-		-	-	-	-	-	_	-	_	<u>-</u>	=	-	-	-	- -	-
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052	42	Other Diseases due to Helminths-Costodes	E O	-	=	-	-	-	-	-	-	-	-	-		-	- -	- -	<u>-</u>	-	-	-	-	-	_	-	-	_	-	-	_	- -	-	-	<u>-</u>	-
053	42	Other Diseases due to Helminths-Trematode	$\left\{ \mathbf{E}_{\mathbf{O}}^{\mathbf{E}}\right\}$		=	-	-	-	-	-	-	-	-	-	<u>-</u>	-	-	-	- -	-	-	-	-	-	_	-	-	-	-	-	-	- -	-	-	-	-
054	42	Other Diseases due to Helminths-Nematode	$\left\{ egin{array}{l} \mathbf{E} \\ \mathbf{O} \end{array} ight.$	- -	-	-	-	-	-2	-	-2	-	-	-	-	-	- -	- -	 -	-	-	-	-	-	-	-	_	-	_	-	- -	-		- 2	-	-
055	42	Other Diseases due to Helminths-Coccidia	E O	-	-	-	-	-	-	-	-	-	-			-	-	<u>-</u> -	<u>-</u>	-	-	-	-	-	-	-	-	-	-	-	-	- -	-	_	-	-
056	42	Other Diseases due to Helminths-Bilharziasi	$\left\{ \begin{bmatrix} \mathbf{E} \\ \mathbf{O} \end{bmatrix} \right\}$). –). –	=	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	=	-	-	-	-		-	_ =	-	-
057	42	Other Diseases due to Helminths-Parasites, Other and Unde-	K	o		-	3	_	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	_	-	-	-	1	1 5	-	-
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059	44	German Measles	∫E		-	-	-	-	-	-	_		-	-	_	-	-	-	_	-	-	-	-	_	-	-	-	-	-	-	-	-	-	_	-	-
060	44	Chicken-pox	-		- -	-	-	-	_ 	-	-	_	- -	_	-	-	-	-	-	-	-		-	_	_	-	_	-	_	-	-	-	_	_	-	
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062	44	Blackwater Fever	-	c. –	1	-	-	-	-	-	_	_	-	-	-	-	-	-	_	-	-		-	-	-	-	-	-	-	-	-	-	_	_	-	-
063	44	Other Infectious or Parasitic Diseases	CE	a. _		-	1	-	-	-	_1	_	-	-	_	-	-	-	-	-	-	-	-	7 -	-	-	-	-	-	-	-	-	_1	_1		-
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		II. MALIGNANT AND OTHER TUMOURS.																									7									
100	1	Cancer of the Buccal Cavity and Pharynx	77		-	1	-	=	-	-	-	-	-	-	-			-	-	-	=			i		7		1	-	-	-	13	2			-
101	46	Cancer of the Digestive Organs & Peritoneum	$\left\{ \begin{bmatrix} 1 \\ 0 \end{bmatrix} \right\}$	E. - O. -	- -	-	-	-	-	-	-	1	-	-	-	-	1	<u>-</u>	-	1 3	1	3 11	5 9	17 13	8 13	26 11	20 2	9	14	-	-	58	50 26	108 66	16	

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35		I. (cont.)		M.	F.	M.	F.	M.	$\frac{\mathbf{F}. }{ }$	M. F.	M.	F.	M.	F.	M. :	F.	M.	F.	М.	F. 1	M. F.	M.	F.	M.	F. 1	M. F	. 1	I. F.	M.	F.	M.	F	M. F	Per
36	28	Tuberculosis of Skin & Subcutaneous Tissuc	{ Е. О.	-	-	-	_	-	-	- -	=	-	-	-	-	-	-	-	-	- :	- -	-	-	- /	- :	- -	-	-	-	-	-	-	= =	=
37	30	Tuberculosis of Lymphatic System	{ E. O.	-	_	-	-	-	-	- -	=	-	1	-	-	-	-1	-	-	_ :		-	1	-	- :	- -	-	1	1 -	-	-	-	1 -	2 3
38	31	Tuberculosis of Genito- Urinary System	{ E.	-		-	-	-	-	- -	=	-	-	-	-	-	-	-	-	- :	- -	-	-	-	- :	- -	-	-	-	-	-	-	- - :	1 1
39		Tuberculosls of Other Organs	{ E. O.	-	-	-	-	-	-		-	-	-	Ξ	-	-	-	-	-	_ :	- -	-	-	-	= :	- -	-	-	-	-	-	-	- -	-
40		Acute Disseminated Tuberculosis	E:	-	_	-	-1	1	_		-	-	2	-	=	2	1	1	1	_	- -	-	1	1	- -	- -	1 -	1	$\frac{1}{2}$	_	-	=	1 8	3 4 7 15
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41		Leprosy	{ E. O.	-	-	_	-	-	-	- -	IIE.	-		-	-	-	-	-	-	- -	- -	-	-	-	- :	- -	-	-	_	-	-	-		-
42	34 a b c		{E. O.	2	-	2	1	2	1	3	2 -	-	6	2	13	4	3	3	-	3 -	1 -	1 6		7	3	3	1 -	3 -	6	1 7	5	1	7 4 62 39	11 101
43	35	Gonorrhoca	{E. O.		-	_	-	1	-	-	-	-	_	-	-	-	-	-	1	- :	- -	-		-	- :	- 1	1 -	-	=	-	-	_	2 -	3
44	35	Other Venereal Diseases	{E. O.	-	-	-	-	-	_	= =	-	-	-	=	-	-	-	-	-	- (:		1 =	-	_	= :	- -	-	-	-	-	-	-	- -	_
45	36 a b c	Purulent Infection— Septicaemia (Non- puerperal)	$\left \begin{cases} E \\ O \end{cases} \right $		-	-	-		_	1 -	_	-	1	1 2	1	1	2	1	2	2 -	- -	1 3 1	1 2	1	-	1 -	_	2	3	_	1	1	15 9	
46	37	Yellow Fever	{E. O.	-	-	-	-	-	-	_ _	\- -	-	-	-	-	-	-	-	-	- :		' <u>-</u>	-	-	_	- -	-	-	-	_	-	-	- -	14
47	38	Malaria	{E. O.	-	-	1	-	-	_	_ _	-	-	-	-	-	-	-	-	-	- :	- -	\ <u>-</u>	-	-	- :	- _	1 -	-	_	-	-	-	1 1	2
48	39	Other Diseases due to Protozoa	{E.	1-	-	-	-	-	-	= =	-	\ <u>-</u>	-	-	-	-	_1	-	-	- -		_	-	-	- :	- -	-	_	-	-	-	_	1 -	1
49	39	Trypanosomiasis	{E.				-	-	-	= =	-	-	-	-	-	-	-	-	-	- :	_ _	-	-	-	- -	- -	-	-	-	_	-	-	- -	_
50	40	Ankylostomiasis	{ E.	-	-	-	-	=	-		-	-	-	_	-	-	-	-	-	- -	- -		-	-	- -	- -	-	-	-	-	-	-	- -	-
51	41 a b	Hydatid Cysts	{E. O.	-	-		-	-	- ,	= =	-	-	-	_	-	-	-	-	-	_ -	- -	-	-	-	- -	- -	-	-	-	-	-	-		-
52	42	Other Diseases due to Helminths-Cestodes	{E.	_	-		-	-	-		-	-	-	-	-	-	-	-	-	_ -	- -	_	-	-	-	- -	-	-	-	-	-			-
53	42	Other Diseases due to Helminths-Trematodes	CE.	_	-		-	-	-	- -		-	-	-	-	-	-	-	-	- -		-	-	-	- -		-	-	-	_	_	- -	-	-
54	42	Other Diseases due to Helminths-Nematodes	ſΕ.	_	-	-	_	-	-		-	-	-	-	-	-	-	-	-	_	- -	-	_	-			-	-	-	-	-	- -	-	-
55	42	Other Diseases due to Helminths-Coccidia	{E. O.	_	_	-	-	-	-		_	-	-	_	-	_	_	-	_	- <u>-</u>			-		- -		-	-	-	-	-	- -	. 2	-
56	42	Other Discases due to Helminths-Bilharziasis	1		-	-	-	_	-		-	-	_	-	-	-	-	-	-	- -		-	-	-1	1.	- -	-	-	-	-	_	- - - -		-
57	42	Other Diseases due to Helminths-Parasites, Other and Unde-	\mid $\in \mathbf{E}$.	1	-	-	-		-	- -	-	-	-	-	-	-	-	-	-	- -	- -	-	-	-)	- -		-	-	-	1			1	1
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)60	44	German Measles	{E. O.	ł	-	-	-	-	-	- -	-	-	-	-	-	-	-	-	-	- -	-	-	-	-/:	- -	-	-	-	-	-	=]:	- -	-	-
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160	44	Mumps	{E. O.	1	-	-	-	-	-		-	-	-	-	-	-	-	-	-	- -	-	-	-	- /:	-	-	-	-	-	-	- :		-	-
062	44	Blackwater Fever	{E. O.		-	-	-	-	-		-	-	-	-	-	-	-	-		- -	-	-	-	- -	1	-	-	-	-	-			-	
963	44	Other Infectious or Parasitic Diseases	{ o.	-	-	-	-	-	-		-	-1	-	-	-	-	-	-	- :	- -	-	-	-	- -	1-	-	=	-	-	-	=		1	1
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		II. MALIGNANT AND OTHER TUMOURS.																															334	1310
100	45	Cancer of the Buccal Cavity and Pharynx	{E.	-	-	2	-	-	-	_1 =	1 -	-	2	-	_1 :	-	2	-	1 -		1 -	-	-	-		$\begin{vmatrix} 2 & - \\ 1 & 1 \end{vmatrix}$	-	-	-	- 1	- ;	1 1	3 1 1 2	1 4 3
101		Cancer of the Digestive Organs & Peritoneum		6	5 2	1	1	-4	2 2	5, 3 1, -	4	7	4 7	1 5	3 -	3	2 2	3	6 2	$\begin{vmatrix} 2 \\ 2 \end{vmatrix} - 5$	5 5	1 3	2 3	1 6		3 4 4 4	1 2	4	8 2	4	7	2 5	7 49	106 66
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de No.	International Code No.	CAUSE OF DEATH.	Race.	0 t		1 t	0	2 to 5		otal nder 5	: [5 to 10	10	to 5	15 24		25 to 35		35 to 45	45		55 to 65		5 to 75		5 to 35	ai u	35 nd p- rds			Bons.	of Non-Residents (excluded from foregoing columns)	
Code	Inter			М.	F.	М.	F.]	M./ 3	F. M	1. F.	M	. F.	M.	F.	M.;	F.	M. F	N	И. F.	M.	F.	M. F	. M	<u>F.</u>	M.	F .	M.	F.	M1.	F		M. F.	
102	47	II. (cont.) Cancer of the Respiratory Organs	{ E. O.		-	-	-	-			-	-	-	-	-	-		: -	1 -	1 1	-	10 3 -	1 -	3 -	1	-	-	-	16 4	1	17 4	5 1	
103	48	Cancer of the Uterus	{Е. О.	-	-	-	- '	-	- -				-	-	-	-		1 -		3 -	2 2	-	6 -	1 2	-	1 -	-	-	-		16 - 14 -	1	
104	49	Cancer of the Other Fe- male Genital Organs	{E. O.	-	-	-	-	-				-	-	-	-	-		1 -	- -	-	1	- - -	1 -	-	-	-	-	-	-	5 2	5 - 2 -	$\begin{bmatrix} 2 \\ - \end{bmatrix}$	
105	53	Cancer of the Female Urinary Organs	{Е. О.	-	-	-	-	-		- -			-	-	-	-	_ = =	- -	- -	L -	-	<u>-</u> -	-	-	-	-	-	-	-	1	1 -	-	
106	50	Cancer of the Breast	{Е. О.	-	-	-		-	- :	- -			-	- -	-	-		2 -	- -	5 -	2	-	7 -	3 3		1 1	-	-1	-	23 2	23 - 9 -	- 4	
107	51	Cancer of the Male Genito-urinary Organs	SE.	-	-	-	-	-	- :	- -			-	-	-	=		- -	- -	-	-	5 -	1	3 -	_2	-	-	-	13 3	- 1	13 3	6 - 2 -	
108	52	Cancer of the Skin	{E. O.	Į,	-	-	-	_		- -		-	- 1	-	=	-			- -	-	1	- -	1 1	-	- 1	_1 _	-	-	2	3	5 -	=	
109	53	Cancer of Other or Un- specified Organs	{E.		-	-	-	-		- -		-	-	_1 	-	-	1 -	1 -	$egin{array}{c c} egin{array}{c c} egin{array}{c c} egin{array}{c} & 1 & 3 \\ \hline & & 1 & 1 \end{array}$	3 -	-	1	1 -	$\begin{vmatrix} 2\\1 \end{vmatrix}$	1	1 -	-	1	3	9 1	12 8	$\begin{bmatrix} 1 & 1 \\ 2 & 1 \end{bmatrix}$	
120	54a	Non-malignant Tu- mours: Female	12		-	-	-	-		- -		-	-	-	-	_	- -	-	- 1	-	-	- - _ _	-	1	-	-	-	-	-	1	1 -	V.	
121	54b	Genital Organs Non-malignant Tu-	{ o. ∫E.	-	-	-	-	-	1 -	-	1 -	_	=	-	-	-	_1	1	1 1	$\frac{1}{2}$	-	1	2 1 1 -	1	-	-	-	-	6	6 1	12 6	4 1	
122	55	mours: Other Sites Tumours of Undeter-	ξο.	-	- -	-	-	_	- -		. -	1 -	-	-	-	-	- -		- 1 -	-	-	- -	-	-	-	-	-	-	-	-	- -		
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149	56	SEASES OF NUTRITION, OF ENDOCRINE GLANDS AND OTHER GENERAL DISEASES. Rheumatic Fever	{E.	_	_	_	-	- 1		- 2 -	-	3 - 2	2 2	- 2	_1	- 3	2 -	4 -	- 1 3 3	- 1	-	1 -	4 - 2	- 2	-	-	-	-	6 15	1 21 3	7 -	ī	
150	92	Rheumatic Affections	{E.	-	-	-	-	-	- -	- -	_	3 -2	- 3	-	- 5	3	1	1 -	- 1 2 1	4	1 5	1 2	1 4	1 2	2 2	- 2	-	1	12 22	9 2 26 4	1 8 -	1 -	
151	57	of the Heart Chronic Rheumatism	$\left\{ \begin{array}{l} \mathbf{E} \\ \mathbf{O} \end{array} \right\}$		-	-	-	-]	- -		-	-	-	-	-	-1		-	- -	-	-	1 _	1 -	-	-	-	-	- 1	1 2	1	2 -	- 2	
152	58	Gout	{E. O.		-	-	-	-	-1:	- -	-	-	-	-	-	-		-		-	-	- -	-	-	-	-	-	-	-		: :	=	
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156	62	Pellagra	E O	-	-	-	-	-	-	-	- -	-	-	-	-	-		-		-	-	- -	-	-	-	-	-	-	-	- -		Ξ	
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158	64	Osteomalacia	E O	-	-	-	-	-	_	- -			-	-	-	-	_ -	- -	- -	-	-	- -	-	-	-	-	-	-	-	- -		-	
159	65	Diseases of the Pituitary Gland	{E		-	-	-	-	_	- -	- -		=	-	-	-		- -	- -	-	-	-	=	-	-	-	-	-	-			-	
160	66a	Simple Goitre	E O		-	-	-	-	-	- -	- -	=	-	-	-	-	- :	- -		-	-	- -	1 -	-	-	-	-	-	-	1 -	1 -	-	
161	66b	Exophthalmic Goitre			-	=	-	-	-	- :			-	-	-	-	-			1 -	_1		1 -	1 -	-	1	-	-	-	5 -	5 -	1 -	
162	66e	Myxœdema, Cretinism	E E	i. –	=	-	-	-	- \ - \	- - - -	- -	- -	-	-	-	-	- -	-	- -	-	-	- -		-	-	-	-	-	-		- -		
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164	66e	Other Diseases of the Thyroid and Para- thyroid Glands		2	-	-	-	-	-	-	- -		-	-	-	-	-	- -	- -	-	-	_ -	-	-	-	-	-	-	-			1_	
165	67	Diseases of the Thymus Gland	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		l -	3 -	-	-	-	1	- 3		-	-	-	-	- :	1	- -	-	-	_	-	-	-	-	-	-	1	-3	1 -	- 1	
166	68	Diseases of the Adrenals (Addison's Disease)	SE	i. –	-	- -	_1	-	-	-	1	- -	-	-	-		-		- -	-	-	- -	-	-	-	-	-	-/	-	1 .	1 -	-	
167	69	Other General Diseases	C		-	-	-	-	-	-	-	- -	-	-	-	1	-	1	= =	-	-		-	-	-	-	-	-	-	2	2 -		
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102	47	II. (cont.). Cancer of the Respi-	∫E.	2		_	-	-	-	1		-	1 -	. F.		· F.	1	F.	M.	F.	M. F.	. M.	F.	M. F	. M	F.	M.	F.	М.	F.	M. F	. M	. F.	Pe
103	48	ratory Organs Cancer of the Uterus	{ ō. { E. ō.	_	1	-			-	1		-	2 -	-		-	-	- 2	-	-	4 -	1 -	-	_ -	3 _	1 -	_ 1		- 1	-	- -	- 16	4 -	4
104	49	Cancer of the Other Fe- male Genital Organs	CE.	1_	-	-	-	-	-	-	_ -	-	1 -		3 -	_	-		-	- 1	- -	_	-	- _	1 -	4	-	_	-	3	- -		15	
105	53	Cancer of the Female Urinary Organs	{E. O.	_	-	-	-	-	-	-	_ -	-	1 -	-	-	-	-	-	-	-]	- -	-	-	- -	-	1	-	-	-	-1	- -		2	2
106	50	Cancer of the Breast		_	5	-	-		-	-	1 -	- -	3 -	_	_	-	_	-	_	1		-	-	- - -	1 -	3	-	2	-	4	- -	3 -	23	1 23
107	51	Cancer of the Male Genito-urinary Organs	SE.	_	_	-	-	-	-	-	-	1 -		-	2 -	-	1	-	1	-	- -	1	_	- -	$\begin{vmatrix} 2 \\ \vdots \end{vmatrix}$	3 -	1	1	3	1	-	- -	9	9
108	52	Cancer of the Skin	{E. O.		-	-	-		-	-	1 -	- -		i	-	_	-	-	-	-	- -	-	_	- - - -	-	-	-	-	2	1	1 -	3	3	3 5
109	53	Cancer of Other or Un- specified Organs	SE.	_	2	-	-		-	_	_ -		-	1 -	- -	-	1	1	-	2	- -	-	_	1 -	1 -	-	-	_	-	1	 - j	1 3	3 9	1 12
120	54a	Non-malignant Tu- mours: Female	E.	-	1	1	-	-	-	-	- -		-	-	-	-	-	-	-	-	- -	-	- .		-	-	-	-	-	- .	1	4	1	8
121	54b	Genital Organs Non-malignant Tumours: Other Sites	CO.		2	-	-	-	-	-	1 -	- -	- -	-	-	-	-	-	-	-		-	-	- -	-	-		-	-	- -	- -	-		-
122	55	Tumours of Undeter-	SE.	_	_	-	-	-	-	-	- -	-	1	1 -	-	2	-	2	-	_	- -	-	- :	l –	-	-	-	-	-	_ -		$\begin{bmatrix} 6\\2 \end{bmatrix}$	4	6
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ı		III. RHEUMATISM, DI- SEASES OF NUTRI- TION, OF ENDOCRINE GLANDS AND OTHER						١			1																				 			
149	56	GENERAL DISEASES. Rheumatic Fever	{Е.	_1 _	-	-	-	_	-1	1 3		- -	 1	3	- 2	4	-	-	3	1 1	-	-	2 -	-	- -	-	-1	-	1	- 2 -		6 15	1 21	7 36
150	92	Rheumatic Affections of the Heart	{Е.	-	2	-	1	-	-1	1 2	1 -	1	1 - 1 3	1 4	1 2	3	- 1	_1	2	1	1 1	2	1 -	3 -	$\begin{vmatrix} 1 \\ 3 \end{vmatrix}$	-4	-1	-4	-4	-3	2 -	11	4	20
151	57	Chronic Rheumatism	{Е. О.	-	-	-	-	-	-	1	- - - -		_	- 1	-	-	_1	_	1	- -	- 1 	-	- - - -		-	-	-	-	-	- -	-	1 2	1 1	2 3
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155	61	Beri-Beri	{E. O.	-	-	-	-	-	-	- :	- -	-	-	-	-	-	-	-	_	- -	- -		- -	- -	-	-	-	- :	-]]:	- -		-	-	- -
156	62	Pellagra	{E. О.	-	-	-	-	-	_	- ·	- -	-	-	-	-	-	-	-	-	- -	-	- :	- -	=	-	-	-	_ :	- :	- -	-	-	-	<u>-</u>
157	63	Rickets	{E. о.	-	-	-	-	-	-	- :		-	-	-	-	-	-	-	- :	- -	- -	- :	- -	-	-	-	- ·	- ·	- :	- -	-	-	-	<u>-</u>
158	64	Osteomalacia	{e. О.	-	-	-	-	-	- :	- -	- -	-	-	-	-	-	-	-	- :	- -	- -	- -	- -	-	-	-	- .	- -	- -	- -	-	-	-	-
159	65	Diseases of the Pituitary Gland	{ o. o.		-	-	-	-	- :	- -	- -	-	-	-	-	=	-	-		- -		-		=	-	-	-			-	-	-	-	-
160		Simple Goitre	{Е. О.	-	-	-	-	-	- :		- -	-	-	-	-	-	-	-	-	- -	-		1 -	-	-	-	- :		- -	=	-	(=)	-1	1
1		Exophthalmic Goitre	{ Е.	-	1	-	-	-	- -	- -	- -	-	-	-	-	-	-	-	- -		- 1		1 -	-	-	-	- -	1 -		-	-	= }	5	5
162		Myxœdema, Cretinism	{ E.	-	-	-	-	- -		- -	-	-	-	-	-	-	-	- :	- -				-	-	-	-	- -			-	-	-	- :	
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164	66e	Other Diseases of the Thyroid and Para- thyroid Glands	{ E.	-	-	-	_		- -		-	-	-	-	-	-	-	-	-	-	-		-	-	-	- .	- -		1	-	_	-		
165	67	Diseases of the Thymus Gland	{Е. О.	-	-	-	-			-	-	-	-	-	-	-	-	- -		-	1		-	1	-	- 1	1 -	-	1 -	-	-	1	-3	1 4
166	68	Diseases of the Adrenals (Addison's Disease)	{Е. О.	-	-	-	_ :		- -	-	-	-	-	-	-	1	-	- -	-	-	-		-	-	-	- -		-	-	-	-	-	1 -	.1
167	69	Other General Diseases		-	-	- :	- -	- -	-	_	1 -	-		-	-	-	-		-	-	1		=	-	-			-	-	-	-	-	2	2
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200	70a	IV. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS. Purpura	{ E.	-2	- 1	-	-	-	-	- 2	-1	- -	-	- 1	-	-	1 1	_	Ξ	_	-		1 -	1 1	-	-	-	-	-	-		- 3	- 1	-4	-	_1
201	70b	Haemophilia	{E.	1	-	-	-	-	-	_1	-	- -	-	-	-	-		-	-	-	-	-	-	-	_	-	-	-	-	-		_1	-	- 1 -	-	-
202	71a	Pernicious Anaemia	{ E.	-	-	-	-	-	-	-	-	_1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	 - 	-	1 1	-	1 1	-	_1
203	71b	Other Anaemias and Chlorosis	{E.	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	- 1	- -	<u>-</u>	-	-	-	-	-	1	1 1	- 1	=
204	72a	Leucaemia	{E.	-	-	-1	-	-	_1	1	1	-	-	1	-	-	-	-	2	-	_1	-1	-	-	- -	-	-	-	=	-	-	3	-4	7	-	=
205	72b	Lymphadenoma— Hodgkin's Disease	{E.	-	-	-	-	-	-	-	-	_1 _	-	-	=	-	<u>-</u>	-	-	1	-	-	-	-	_1	-	_1 _	Ξ	-	=	- -	2	2	-	-	-
206	73	Diseases of the Spleen (not due to Malaria)	{ E. O.	-	-1	 - 	-	-	-	-	- 1	-	-	-	-	-	-/	-1	-	-	-	-	-	_1	-	-	-		- 1 -	-	<u>-</u>	1 1	- 1	1 2	1	-
207	74	Other Diseases of the Blood and Blood-forming Organs	{ Е.	-	-	-	- !	-	-	-	-	-	-	-	-	-	-	_	-	-	-	-	1	-	-	-	-	-	-	-	-	_	1	1	-	-
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250	75	V. Chronic Poisonings. Alcoholism (excluding Alcoholic Cirrhosis of Liver)	{ E.	1	-	-	-	-	-	-	-	-	-	_	-	-	-		_	-	-	-	2	-	-	-	-	-	 _	-	_	-	2	2	-	-
251	76	Chronic Poisoning by other Organic Sub-	∫ E.	-	-	-		-	-	-	-	-	_	-	-	-	-	- ;	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
252a	77a	stances Chronic Lead Poisoning	∫Ε.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	_	-	-	-	 -	-	-	-	-	1	_	-
252b	77b	Chronic Poisoning by other Mineral Sub- stances	{ E. { o.	_	-	-	- 1	-	-	-		-	-	-	-	-	- - -	-	-	-	-	-	-	-	-	-	_		-		1 1 1	-	-	1 1	-	-
		Totals for V	{E.	-	-	-	=	-	-	-	-	-	-	-	-	-	-		-	-	-	-	2	-	-	=	-	-	-		_	=	2	2	-	-
300 a	78a	VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS. Cerebral Abscess	{E. O.	-	-	-	-	-	-	-	<u>-</u>		-	-	- 1	-	- 1	-	-	-	_	-	-	-	_1	-	-		-		-	-	1 1	1	- 2	-
300b	78b	Other forms of Encephalitis	{E.	_	-	-	-	-	-	-	- 1	-	-	-	-	-	1 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	_
301	79	Simple Meningitis	 {E 0.	. 1	-	- 1	-	-	-	1 8	-	1	 - 1	-	1	1	1	-	-	- 1	-	-	1	-	-	-	-	-	-	-	-	2	3	5 13	4 3	1 1
302	80	Locomotor Ataxia (Tabes Dorsalis)	E O		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	- -	-	-	-	-	-	-
303	81	Other Diseases of the Spinal Cord	E O		-	-	-	-	-	-	-	-	-	-	-	-	- -	-	-	-	-	-	-	-	_1	-	_1	-	-	-	-	-	2	2	-	-
304	82a	Cerebral Haemorrhage (Apoplexy)	{E 0		-	-	-	- 1	-	_ 1	_	-	-	-	-	-	-	-	-	-1	-	-	-	-1	-	- 1	-	-	-	-	1	-4	_1	1	-	-
305	82b	Ccrebral Embolism and Thrombosis	E O		-	-	-	-	-	- 0	-	-	~ -	-	-	-	_1	- -	-	-	-	-2	_	3	1	3	1 3	3 1	-		_1	9	4 5	13 8	_1	- 1
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307	82d	Other Paralyses of Unstated Origin	E O		-	-	-	-	-	<u>-</u>	-	-	-	-	-	-	-	-	-	-	-	-	<u>-</u>	-	-	-	-	-	-		-	-	-	-	-	-
308	83	General Paralysis of the Insane	{E o]=	-	=	-	- -	-	-	-	-	-	1	1 1	-	$\frac{1}{2}$	-3	3 11	-	2 3	<u>-</u>	-2	-	-	- 1	-	_	<u>-</u>	- 1	$\frac{7}{19}$	- 5	$\begin{array}{c} 7 \\ 24 \end{array}$	10	4
309	84 a b	Other Forms of Insanity	E O		-	-	-	-	- -	-	-	-	-	-	-	-	-	-	-	_1	-	-	-	-		-	-	-	-	-	-	-1	-	1	-1	-1
310	85	Epilepsy	{O	-	-		-	-	-	-	-	-	1	-	-	-2	3	1 1	1 1	-1	-	1 1	<u>-</u>	-	- 1	- 1	-	-	-	- -	-	2 6	2 5	4 11	- 2	-
311	86	Infantile Convulsions (under 5 years)	\{o	10	1 -	3	3	2	-		12	=	-	-	-	-	-	-	-	- -	-	-	-	-	- 1	- -	-	-	-	-	- '	$\frac{1}{15}$	12	1 27	-	-
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314	00	Diseases of the Eye and Annexa	10	-	-	-	-	-	-	=	-	_	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	_	-	-	-	-	-	-	-
315	89 a b	Diseases of the Ear and Mastoid Sinus	10).	1 3	3 -	2	-	1	1	6	-	-		-	-	1	1	- -	-	-	1	- -	-	- -	- -		_	_	_	_	3 3	7	9 10	1	- -
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350	90	CIRCULATORY SYSTEM, Pericarditis	{F	E. –	-	-	-	=	-	-	-	-	-	-	-	-	- 1	-	-	_1 _	-	-	-	-1	_1	1	_1	-	-	-	- -	2 1	2 1	4 2	-	1

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CAUSE OF DEATH.	Race.	Sea Poir 1	nt	Har bou 2	r	Wes Cen tral 3		Kloo 4		Par 5		Eas Cer tra 6	1	7	le s	Wood stock	x 1	Salt Rive 9	r	Mow bray 10	· la	and 11	1	sch 2	moi 13	nt	Kal Ba 14	y	Wy ber 1	n- g	dress Un asce:	r- d.		Persons.	
IV. DISEASES OF THE BLOOD AND BLOOD- FORMING ORGANS.		M.		113.		141.		171.		111.		111.	F.	211.	-	171.		M. I		a. r	· M	E.	M.	F.		r.	M.	F.	M.	F.	M	F .	M. []	F.	-
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Lymphadenoma— Hodgkin's Disease	E.	1	-	-	-	-	-	_1	-	-	1 -	-	-	-	-	-	-	-	-	_	-	-	1 -	-	-	_	-	-	-	-	-	-	2	2 -	4
Diseases of the Spleen (not due to Malaria)	E.	-	-	-	-	-	-	=	-	-	-	-	-	-	-1	_1	-	-	-	-		-	-	-	-	_	-	-	-	-	-1	-	1		1 2
Other Diseases of the Blood and Blood-	E		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	- -	-	-	-	-	-	-	1	-	-	-	-	-	1	1
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V. CHRONIO POISONINGS	{o	-	-	-	-		-	-	-		_	_	_1	-	1	-\	-	1	-	1	- -	-	-	1	1	_	-	_	1	-		-	5		8
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Chronic Poisoning by other Organic Sub- stances	CE	-	-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	- - - -	-	-	-	-	-	-	-	-	-	-	-	-	- -	_
Chronic Lead Poisoning	$\left\{egin{array}{c} \mathbf{E} \\ \mathbf{O} \end{array}\right\}$		-	=	-	-	-	-	-	=	-	- -	-	-	-	-	-	-	_	_	- -	-	-	=	-	-	-	-	-	-	-	-	-		-
Chronic Poisoning by other Mineral Sub- stances	E	-	-	-	-	-	-	-	_ 	-	-	-	-	-	-	-	-	-		-	- -	. -		-	-	-	-	-	-	-	-	-	-		-
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Locomotor Ataxia (Tabes Dorsalis)	CF		-		-	-	-	-	-	-	-	-	-	-	-	-	-	_	_	-			-	-	Z	-	-		-	-	_ _	-	11		13 - -
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and Annexa Diseases of the Ear and	1 /1	E	1	- 1 -		-	-	-	-	1	-	-	-	-	-	-	1	-	-	-		- ·	1	1 -	-	-	1		-	1	-	, 1	3		9
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VII. DISEASES OF THE CIRCULATORY SYS- TEM.	150	D. -		1	2 2	2 2	-	-		-	-	7	2	7	5		-	4	2	1	-	4	4	6	7 5		5 4		12	8	9	1	6 6	40 1	06
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	International Code No.	CAUSE OF DEATH.	X	o to		1 to		to 5	Tota unde	ler	5 to 10		10 to 15	2	25	25 t 35	5	45	45 to 55	65	5	7 5		75 to 85	o a w	85 and up- vards		n- own	Maj		Persons. 50 Peaths in Capetown of
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353		and Valvular Disease of the Heart	e ·	3	-	-		-	-	-	-	2 -		3	1 3	2	7	6 3	5	8 -	7	5	-	3	2 -		-	1	31 -	48 7	79 -
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355		Other Diseases of the Myocardium	e \	o. –	-	-		-	=	-	-	-	_ _			$\frac{1}{2}$	-4	$\begin{vmatrix} 3 & 3 \\ 2 & 6 \end{vmatrix}$	3 9 4	4 9 16	4 14		9 16	13 1 4 1	18	3 4	8	-	56 44	47 1 64 1	03 08
356	94		$\left. egin{matrix} \mathbf{y} \\ \mathbf{a} \end{array} \right \left\{ egin{matrix} \mathbf{E}. \end{aligned} ight.$	g.	-	-	-		-	-	-	-	- -		-	-	-	4 -	2 1 -	2 21 -	3 1	22 1 5	6	5	6	2 -	-	-	68		85 13 -
357	95 a b	Other Diseases of the	e SE.	g. _	=	= ;		1=	=	=	-	=	-			1 2	-1	5 - 1 1	1 2 -	$\begin{bmatrix} 2 \\ 2 \end{bmatrix}$	2 2 5	2 9 3	9 2	3 2	3 1			-	12	11	23
358	96		C.T.	g. _	=	E			=	-	=	-	=]		4]	1	1 2 -	$\begin{vmatrix} 1 \\ - \end{vmatrix} = \begin{vmatrix} 2 \\ - \end{vmatrix}$	3	-	4 7	1	-	-				107	2	
359	97		· \{ \(\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		= /	=			F	-	=					1	-	$\begin{vmatrix} 1\\2\\-\end{vmatrix}$	$\begin{bmatrix} 1 & 6 \\ 2 & 6 \end{bmatrix}$	5 24 15 20 	4 11 0 17 -	1 47 18	32 20 -	21 6	30	8 5	4 -	-	107 58	85 1 67 1	25
360	98a		10.	0			= =		13	=	-	-			_ _	-	-		1			-		-	-				2	-	3
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363		Disease of the Lym-	u- JE	E	-	-			- -	-	-	-									F	-		-		-			-1		
365		phatic System	og \lambda E fo	E. –	-	-				E	-	-				1 -	-		- 1		-	-	1 -	-	=	-		-	1	2	3 1
366		Pressure	ne CE	O		-				-	-	-	E				-				-		-	-	-	-	- -		=	-	=
		Totals for VII	$\left. \cdot \cdot \right _{\left\{ egin{smallmatrix} { m E} \\ { m O} \end{smallmatrix} ight.}$	O. E. - O. 1	1 -	-	-1	-1 -		2 -	-	- 2	-1	1 5	1 1	3 5 10	0 1	3 17 2 16 1	6 38 3	$\begin{bmatrix} 12 & 75 \\ 33 & 4 \end{bmatrix}$	2 21	25 105 45 43	65 49	16	65 22	14 9	14 -	1 -	298 166	194 6 203	492 369
		VIII. DISEASES OF THE RESPIRATORY SYSTEM	RY RY									-		1				_						_			_ .				-
	104	and Annexa	$\cdots \mid f_{G}$	Ō	1 -	-	-			1 -	-	-				1 -	I		_ 1			1-		-		-			2	2 -	2
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	b 1066		16	O	1 3 1 14 8	-	-4	1 2		$egin{array}{c c} 2 & 4 \ 1 & -16 & 12 \ \end{array}$	-	-	-	-	E						Ä			1 1	2	-	2 -		$\begin{bmatrix} 19\\2\\19 \end{bmatrix}$	2 5	5 7
	107		150	ne 9r	9 3 68 84	3 2 4 47	2 8 7 44	$\begin{bmatrix} 2\\2\\21\end{bmatrix}$		13 11	1 1	2 3	- 2	-	1 1	-1	1	3 2	1 3 5	-5	1 -	2 2	1	1 1 4	6	1	2 -		- 28		3 51
405	108	8 Pneumonia, lobar .		E. O.	1 -	8 3	3 - 2	-3	-	$\begin{array}{c c} 2 & - \\ 14 & 12 \end{array}$		1 1	1 2	2	2 9	- 5 1	1 12	2 5 16	1 4 16	2 1	5	4 5 3	3	3 2 1 3	2	-	= =		- 27 - 82	$\begin{array}{c c} 7 & 15 \\ 2 & 34 \end{array}$	5 42 4 116
40€	3 109	Pneumonia, not other wisc defined	-	E	1 -	=	, -	=		1 -	1 -	-	-	-	=			- 1		1	1 -		-	2 -	-	-	- -		1 2	3 4	7
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408	8 110	Other Pleurisy .	{	(E.) -		-	=	=	=		1	=	=	-	1	1		= =	= =	- 7	1 -		F	-	=	-	- 7		2	2 1	3
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41	3 11	14a Miners' Phthisis (Si cosis): witho Tuberculosis	ili- out 	{ E. о				-	-				A.	-	1-	-	-		- 1	-			A	-	-	-	-			1 -	
41	4 11	14a Miners' Phthisis (Si cosis): with Tube culosis	Sili- ber-	Е. о.	-			-	-	-			-	-	-	-	-	- -		-	1	-	I			-	-		- -	1 -	
		Totals for VIII.		-		341 ($\frac{3}{61} \frac{9}{62}$	$\frac{1}{2} \frac{4}{36}$	34	21 234	12 237	1 5	3 11	1 -	- 3 3 11	3 - 14	1 20	2 8 6 2 2	8 3 10 2 9 30	$\begin{vmatrix} 2 \\ 11 \end{vmatrix}$	15 22	5 1 10 19	19	9 6	6 10		5 1		- - - 38	79 51 81 318	1 130 8 699

Death assif ation	ì-			·		W	A RDS	: Co	RRE	CTED	FOR	Ου	TWA	RD I	'RAN	SFER	s But	NOT F	or In	WARI	TRA	ANSF	ERS.				A]	ot llo-	тота	LS
Force are.	CAUSE OF DEATH.	Race.	Se Poi 1	$_{ m nt}$	Hai bou 2	r-	West Cen- tral 3	Klo 4		Parl 5		East Cen- tral 6	Ca	astle 7	Wood store	ck	Salt River 9	Mow- bray 10	Mai land	$\mathbf{d} \mid \mathbf{b}$	onde- osch 12	Clar mo	nt	Kall Bay 14	7 1	Wyn- berg 15	den A dre U	esi- ntial d- sses n- cer-		bug
_ -	VII. (cont.).			F.	M.	F.]	M. F.	M.	F.	M. 1	7. N	f. F	_ M	F.	M.	F.	M. F.	M. F.	M. 1	F. M	F.	M.	F.	M. I	F. N	M. F.	M.	F	M. F.	Pers
l E		{E. (O.	-	-1	2	-	- -	2	-	1	- -	-	1 -	-	1	1	- - - 1	- 1 		1 -	2 1	-	-	- -	- -		-	-	3 3 4	10
3 8	2 Chronic Endocarditis and Valvular Disease of the Heart	: K	i l	4	-	2	2 -	1 1	- 5	-	3 -	4	$\begin{vmatrix} 1 \\ 5 \end{vmatrix} = 2$	5	2	3	5 1 3 2	2 - 2	2 -	$\begin{bmatrix} - & 2 \\ 2 & 7 \end{bmatrix}$	2 -	2 2	-	4		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		1		44
9	3a Acute Myocarditis	{E. O.	<u>-</u>	-	-	- :		-	-	-	- -	-	-	-	-	_	_	- -	-	- - -	-	-	_	- -		-	-	-	31 48	79
9	3b Fatty Heart	{E. o.	-	-	-	- :	-	-	-	-	- -	-	-	-	-	-		_ _	_ -	1 -	-	-	- :	- -		-	-	1 -	1	1
9	Other Diseases of the Myocardium		-9	8 - j	3 2	2	1 - 2	3 5	5	5 -	5	3 2	2 - 3	5,	5 4	1	6 4 3	$\begin{bmatrix} 2 & 3 \\ - & 2 \end{bmatrix}$	2 4 1	3 1 1 -	2 7	6	2 8	3 1	1 3 1 3	3 7 4	3 5		55 4 7 1	102
9	Disease of the Coronary Arteries — Angina Pectoris	{ E. o.	13	3	3	_ -	2 -	3	2	6	1 -	3 1	3	-	2	- -	1 -	10 i	1 -	7	2	6	1	3 3	$\begin{bmatrix} 2 & 7 \\ 3 & 3 \end{bmatrix}$	1	-	1 6	7 16	83
9 a		{E. O.	-	-	1	- -		5 2	-	3 -	2	-	1 2	-1	2 -	4 -	2 2	_ 2	3 3	1 -	1 3 .	1	1 1	1 1	1 _3	2	_1	- 2: - 1:	1 14	35
9	6 Aneurysm	{E. O.	2	- 0	-	_ _	1 -	1	-	- -	-	_1	-	-	_ -	1	3 - 1	1	1 -	-	- .	_ -	- -	. 1	$\begin{vmatrix} 2 \\ - \end{vmatrix}$	-		- 10		12 5
9	Arterio-sclerosis	{E. O.	20	-9	5	2	2 1	7 2	3	6 3 -	4 4	7	2 2	- 16	10	4 5	8 7 1 2	5 12 -	5 1 5 6	4	3 6	3 9	8 7	5 2	11		9	5 106 1 58	83 1	89
98	Cancrum Oris	{E. O.	-	-	-	- -	- -	-	-	- - -	-	-	-	-	_	· -		- -	_	-	- -			_	-	-	- -	-	-	_
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99	Other Diseases of the Arteries	{Е. О.	-	-	- :	_ _	-	-	- .	_ _		-	-	-	_	-		- -	1 -	-	_ _	- -	-	-	1	-	- -	2	-	2
100	Disease of the Veins	{Е. О.	-	_ .	- -	-	-	_	- :	_	-	-	-			-	- -	- - :	- -	-	- -	-	-	-	_	-	- -	-		
101	Disease of the Lymphatic System	{Е. О.	-	_	_ -	- -	-		- :	- -	-	_	-	- - -			- -	- -	- -	-	_	-	_	-	-		- -	- 1		
102	Abnormalities of Blood Pressure	{ Е.	-	_	_ _			_	1 -		-	-	-	_ _	1 -	-			- -	-	- -	-	-	-	-			1	1	2
103	Other Diseases of the Circulatory System	{Е. О.	-	- .	- -	- -	-	- -	- -		-	-	-	_ _	-	-				-//	_ _	-	-	-	-	- -	. -	-		
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k.	VIII. DISEASES OF THE RESPIRATORY SYSTEM	-	_		_				1			_									18				14	2.5		100 2	200 008	-
104	and Annexa	{E.	- :	- :	- -	-	-		- -	-	-	-	-	-	-	-	- -		-		- -	-	\ _ -	-	-	1 -	-	-	1	L
105	a source of the Harying	{E. O.	- -	- -	- -		-	-	- -		-	-	- -	- -	-	_2		- -	-	- -		-	-	-	-	2 -	-	_2	2 2	į
106		{E. O.	- -	1 -	1 -	2	1		2 -	1 -	9	- 5	3	5 -	$2 \begin{vmatrix} -2 \\ 2 \end{vmatrix}$	1 4	6 2		2 13	1 - 14 1	4 -9	3	-	2	7	6 -	-	4 68	of 128	3
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106	,	{Е. О.		- -	- -	$\begin{bmatrix} 2 & - \\ & 1 \end{bmatrix}$	1	1	2 -	-	7	4	1	-2 $\begin{vmatrix} - \\ - \end{vmatrix}$	-	 -	i -		1 p.1	-	1 -	-	-	1	4	1 - 1 -	-	2 19	5 13 32	
107	Broncho-pneumonia	{Е. О.	4 -	1	5	8 -	1 9	3 -	9 -	$\begin{bmatrix} 2 & 2 \\ 3 & 3 \end{bmatrix}$	21	28	1 - 14 1	17 7	2 4 7 6	3 5	3 1 10 2	2 3 1	3 9	4 21 2	$\begin{bmatrix} 2\\26 \end{bmatrix}$	19	1 5	2 8	1 17 1	2 -	_1	$\begin{bmatrix} 28 \\ 162 \end{bmatrix}$	22 50 68 330	
108		{E. О.	- -	2	3 -	1 - 3	1	4 3	2 -	3 2	1 16	1 7	1 -	1 3	3 -	1 8	$\begin{array}{c c} 1 & 1 \\ 2 & 2 \end{array}$	$\begin{bmatrix} 2 \\ - \end{bmatrix}$	1 3	1 7	3 3	1 6	3 5	1 3	1 4	7 2	_	26 82	$\begin{vmatrix} 15 & 41 \\ 34 & 116 \end{vmatrix}$	
109	wise defined	{ E. ∫	- -	- -	- -	-	-		-	=	1	-	- - -	- 1	- -	-		= =	-	- -	2 -	-	-	1	1 -	- 1	-	3	$\begin{bmatrix} 1 \\ 4 \end{bmatrix}$	
110		{E. О.	- -		=	- 1	-	2 -	1 -	1 -	2	-6	- -	1 -	-	-	= =	- 1 	1 -	1 -	1 -	1	-	- :	- -	-	-	2 7 1	10 17	
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114a	Miners' Phthisis (Silicosis): without Tuberculosis	{ E			-	-	- -		-	-	-	- -		-	-	-	- -			- -	1	-	-	- -	-	-	-	1 -	1	
114a	Miners' Phthisis (Silicosis): with Tuber-	E	- -	-	-	-	-	-		-			- -	1 1	-		- -				-	-		- - - -	1 -	-	-	1 -	1	
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Code No.	International Code No.	CAUSE OF DEATH.	Race.	0 t		1 1 2 M.		2		Tot und	ler	5 t 10		10 15	; _	15 t 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to	_	75 t 85		an up war	d	76.	F. 6	ersons.	Deaths in Cape non-Reside
		IX. DISEASES OF THE DIGESTIVE SYSTEM.			F.	M.	P.	101.	F.	NI.	-		F.	М.		M.		M. 1		M.	F.	MI. I		31.		31. 1		M.	1			М.	F. 6	1	
	115	Diseases of the Buccal Cavity	ξο. (Ε.	-	-	1 -	-	-	-	1	1 -	-	-	-	-	-	-	_	1	-	-	- 1	-	- -		- -	-	-	- Î	-	-	1	1	2	1 -
	116	and Tonsils Diseases of the Oeso-	ξο. ξ <u>E</u> .	-	-	-	-	-	-	- -	-	_	-	-	-	-	-	_	-	-	-	1	-	- · - ·	-	1	-	-1	-	-	-	3	-	3	- -
	117a	phagus Ulcer of the Stomach	\ \{ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		-	-	-	-	-	-	-	-	-	-	-	-	- 1	-	-	1	-	-	-	-	-	1	- -	-	-	-	-	2		1 2	- -
454	117b	Ulcer of the Duodenum	{E. (O.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	3	_	1	-	-	_	-	-	5 6	-	6	1
455	118	Other Diseases of the Stomach (excluding		-	-	9 -	1 -	- -	-	-	-	-	-	-	-	-	-	-	-	-	-	_	-	1	-	_	_ _	1	_	-	-	2	-	5 01	1 -
456	119	Cancer) Diarrhoea and Enteritis: Under 2 years	\\ \E	1	$\begin{bmatrix} 3 \\ 0 \end{bmatrix}$	7 3	$\begin{bmatrix} 2 \\ 2 \end{bmatrix}$	5 - 57 -	-	162	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-	-	15	12 166 3	27	3 5
457	120	Diarrhoea and Enter- ltis: 2 years and over	SE		-		-	- -	9	- -	1 5	-	-	-	-1	-	-	- 1	-	-	-	-	-	-	2	1	1	1	1	-	_2	2 12	7	28 9 23	-
458	121	Appendicitis	100	-1	-	- -		- -	-	-	-	1	-	_1	-	- 2	-2	-	-	1	-	-	-	- 1	- 1	1	-	-	-	-	-	4.	-4	4 8	2
459	122a	Hernia	(0)		1 -	- -			-	-	1 -	-	-	-	-	1 1	-	-	-	-	-	2	1	_1	_1	3	- 1	-	2	-	-	7 3	4	11	1 -
460	122b	Intestinal Obstruction		2.	1 -	- -		- 2	-		1 -	-	-	-	-	-	=	-	1	-	-1	1	1	2	1	-	2	_1	_1	-	1	5 5	7	12	1
461	123	Other Diseases of the Intestines	$\left\{ \left\{ c\right\} \right\}$	E. -		1 -		- -	1 -	1-	1 -	L -	-	-	-	-	-2	-	-	-1	- -	-	-	_1	-	-	-	-		-	1 1	2	1 2	3	3
462	124a	Cirrhosis of the Liver:		E. -	- :	- -	- :	- -	-	-	-	-	-	-	-	· -	-	-	-	-	-	1	-	-	-	-	-	-	_	-	- -	1 1	-	1	-
463	124b	Cirrhosis of the Liver: Not returned as Alcoholic	$\left\{ \begin{bmatrix} \mathbf{E} \\ \mathbf{O} \end{bmatrix} \right\}$	i. -		- -	- .	- -		-	-	-	-	-	-	-	-	 - 	1	1 -	_	2	2	1	2	1	-	-	_	 -	-	5	5	10	-
464	125	Acute Yellow Atrophy	$\left\{ \begin{bmatrix} \mathbf{E} \\ \mathbf{O} \end{bmatrix} \right\}$	i. -		- - - -	- :	- -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	- 1	-	-	-
465	125	Other Diseases of the	· \langle E	g. -	- .	1 -	- -	- -	- -	-	-	 -	-	-	-	-	- -	-	-	_1	_1	-	-	-	-	-	-	-	<u>-</u>	-	_	_1	1 3	2	-1
466	126	Biliary Calculi	(7	E. -	- :	- -	- -		- -	-	-	-	-	-	-	-	-	-	-	=1	-	-	-	-	-	- 1	_	-		-	-	-	-	-	1
467	127	Other Diseases of the Gall Bladder and Ducts	· K		- -	- -	-	- -		-	-	_	-	-	-	-	-	-	-	-	1	-	-	1	-	1 -	3	1	1 -	-	! ! - ! -	3	5	8	-
468	128	Diseases of the Pancreas	$\left\{ \left\{ \left$	E. - O. -	-	- -	-	- :	- -	-	-	-	-	-	-	-	-	1 -	-	-	-	-	-	-	1	_	2	-	_	-	-	1 1	3	4	-
469	129	Peritonitls without stated cause		E	-	- -	-	- :	- -	-	-	-	1 -1	1 -	-	-	-	-	- -	-	-	-	-	-	-	-	-		-	-	-	-	1	1	-
		Totals for IX	$\left\{ \left\{ \left\{ 0\right\} \right\} \right\} $	E. 1 O. 13	14 34 1	8 33	2 34	5 37	13	1 5 18	$\begin{array}{c c} & 1 \\ & 1 \\ & 1 \\ & 1 \\ & 1 \end{array}$	4 5	1 1	1 -	-,		- 5	1 4	3 4		$\frac{2}{3}$	7 6	4 3	10	7	$\frac{10}{2}$	 8 3	 4 2		-	3	$\frac{57}{207}$	48	105 1 07	14 13
		X. NON-VENEREAL DI SEASES OF THE	E					 			-	_				1	-														,				
500	130	GENITO - URINARY SYSTEM AND ANNEX Nephritls: Acute	A . ʃ]	E.	1	-2	-		- -		1 -	_ -	-	-		1 -	-	-	-	1	-	-	1 2	2	-		1	_	-	_	_	4	3	7	_
501	131	Nephritis: Chronic.	· \{ \}		2	-	- 9	- 1	- -	1! -	. _	6 -	1 -	2 -	-	-	1	1	6	2 2 3	5 5	4	6	7	5	9	9	- 61	10	1	1		24 39 39	35 66	2
502	132	Nephritis: Not other wise defined .	. [E		- 9	1	-		1	1 -	2 -	-	-		1 -	1	1	1	-	- -	-	-	2	1	9.	9	-	-	-,	2	4	7	11	3
503	133 a b	Other Diseases of th		E	-	1 1	-	- 2		-	1	1 -		1 -	-	-	-	-	1	-,	-	$\begin{bmatrix} 1 \\ 2 \end{bmatrix}$	-	1	2	-	-	1	-	-	-	6 4 5	5	10	1
504	134 a b	Calculi of the Urinar	y (i	-1	-	-	-	- -	-	- -	_	-	-	1 -		-	-	-	-	-	_	-	-	-	-1	-	- 1	-	-	-	5	-	-	1
505	135 a b	Diseases of the Bladde	1 -	E. O.	-	-	-	-	- .				_	-	-	-	-	1		-	-	1	-	-	_	1	-	1		_1	-	5	-	5	-
503	136 a	Diseases of the Urethr	a. (\mathbf{E} .	-	-	-	-	- :	- -	- -	-	-	-	-	-	-	- 1	-	-	-	-	-	-	-1	- 1	-	-	-	-	-	- 1	-	1 - 1	-
507				E. O.	_	-	- 1	-	- .	- -		-	-		-	-	-	-	-	-	_	-	-	3	-	3 4	-	7	-	-1		14 5	-	14	2
508	138	Diseases of the Mal Genital Organs .		E. O.	-	-	-	-	-		-		_	-	-	_	-	-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	_
500	139	Diseases of the Ovar	y C	- 1	-	-	-	-	-				-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
510	139	Diseases of the Falle pian Tubes and Pe vic Absecss)- - -	E. O.	-	-	_	-	-	1			-	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-
511	139	Discases of the Uteru	ıs ſ	E. O.	-	-	-	-		- -		1	- -			-	-	-	1	l -	1	-	-	-	-	-	-	-	-	-	-	-	2	2	-
512	2 139	Oc Diseases of the Breas (non-puerperal)	st 5	O. E. O.	-	-	-	-	_		- 1	1	1			-	-	-	-	-	-	-		-	-	-		-	-	-	-	-	1 -	1	

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450	115	IX. DISEASES OF THE DIGESTIVE SYSTEM. Diseases of the Buccal Cavity	{Е. О.	-	-	-	-	-	-	-	-	- :	- -	·	-	-	-	-	-	-	-	_	- 1	-	-	-		. - - -	-	-	-	-	- -	- 2
451	115	Diseases of the Pharynx and Tonsils	1	=	-	-	-	-	-	-	-	- -	- } -	-	-	-	 - 1	-	- 1	-	-	- -	1 -	-	-	-	1 _	-	-	-	-	- -	- 3 -	1 3
452	116	Diseases of the Oeso-phagus	{Е. О.	-	-	-	-	-	-	-	-	1	- -	-	-	-	-	-	-	-	- -	- -	-	-	-	-	- -	·	-	-	-	-	1 -	1 1
453	117a	Ulcer of the Stomach	{ Е.	-	- -	-	-	-	-	-	-	- .	-	1 -	1 -	_ L _	-	-	-	-		- -	-	-1	-	-2			-	-	-	-	2 -	2
454	117b	Ulcer of the Duodenum	{ E.	_2 _	- 1	-1	-	-1	-	-	-	- - - -	- -	-	1	- L -	-	-	-	-	- -	- -	-	-1	-	-	- -	-	3	-	1	-	6 -	6 5
455	118	Other Diseases of the Stomach (excluding Cancer)	{ Е. о.	-	-	-	-	-	-	1	-	- ·	- -	-	-	-	1	-	-	-	- -	- -	-	-	-	-	- -		-	-	-	-	2 -	2
456	119	Diarrhoea and Enteritis: Under 2 years	{E. O.	-	-	-6	-2	1 4	-3	1 6	1 12	-	1 -	2 24	1 2 1 16	- 10	3 8	1 11	3 9	1 9	-3 -	2 12	1 4	- 16	2 25	30 2	1 -	8 10	2 21	31	-		4 11 32 166	
457	120	Diarrhoea and Enter- itis: 2 years and over	∫E.	1	_1	-	-1	-	- 1	-	-1	- - - -	- -	4 2	l - 2 2	-	-	-	-1	-1	- -	1 -	-	-	-3	-	1 -	- 1 -	1 1	1	-	1	2 7	9
458	121	Appendicitis	{Е. О.	_1	-	-	-	1	1	-	- -	1 -	- -	-	- 1		<u>-</u>	-1	-	- .	2 -	-	- 8	-		- -	- -	1 -	1	-	_ -	1	4 - 4	4 8
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46 0	122b	Intestinal Obstruction	{E.	-	_2	_1	-	-	-	1	-	- -	-	1 2 1 -	- 1	1	- -	-	-		_1 -	1 -	-	- 2	-	1 -	- 1 -	-	-	1	- -	1	5 7	12 9
461	123	Other Diseases of the Intestines	{Е. О.	-	-	-1	-	-	-	-1	- -	- -	.1 ¹ -	-	=	-	-	-	-	- . - .	- -	. _ · _/ 1	1	-	-1	- -	-	-	-	-	- - - -	- 1	2 1 1 2	3 3
462	124a	Cirrhosis of the Liver, Alcoholic	{E. o.	-	-	-	-	-	-	-	- -	- -	-	- ا	-	-	-	-	-		- -	-	-	-	-	1 -	: -	-	-	-	- -		1 -	1
463	124b	Cirrhosis of the Liver: Not returned as Alcoholic	{ Е. о.	1	1	1	-	-	-	-	1 -		- -	-	-	-	1 -	-	-	3 -	1 -	-	-	-		1 -	-	-	-	-	- -		5 5	10 3
464	125	Acute Yellow Atrophy	{E. ⊙.	-	-	-	-	-	-	- (- -	-	-	-	-	-	-	-	-		- -	-	-	-	- -	- -	-	-	-	- -	- -	-	<u>- </u> :	_
465	125	Other Diseases of the Liver	{Е. О.	-	-	-	-	-	-	-	- 1 -	- -	1 -	-1	-	-	-!	-1	-			1	-	-	- -	- -	-	-	-	- -		1 _1	1 3	2 3
466	126	Biliary Calculi	{Е. О.	-	-	-	-	-	_	- :	- - - -	·	-	-	-	-	 -	-	-			-	-1	-	- -	- - -	-	-	-			-	- 1	1
467	127	Other Diseases of the Gall Bladder and Ducts	{ Е. О.	-	1	-	-	-	-	2	- - _ -	- . -	-	-	-	-	-	-	1	1	1	-	-	-	- -	- -	-	-	-	2 -	- -	3	5	8
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469	129	Peritonitis without stated cause	{Е. О.	-	-	-	-	- 1	- : - :	- -	_ -	_	-	1 - 1	-	-	-	-	-	- -	-	-	-	-	- -	- -	1 -	-	-	_ -	- -	-	1 1	1
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В		X. NON-VENEREAL DISEASES OF THE	•									_								-							-							_
5 00	130	GENITO - URINARY SYSTEM AND ANNEXA Nephritis: Acute	∫E.	-	-	2	-	-		_	-2 -	-	-	-	-	-	-	-	1	2 -	-	_	-	1	_	. 1	L -	-	-	_ _	. -	4	3	7
501	131	Nephritis: Chronic	€. {E. O.	3	4	-	-	- -	_	2	2	2	3 1	1 5	- 2	1 5	2 4	6	2	3 -	3 3	1	1	1	2	4 3	2 1	1	-	3 -	-	11 5 25 1 25		33
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503	133 a b	Other Diseases of the Kidneys and Annexa	{E. {O.	-	-	-	-	_		1 -	1 _	1 _	1 -	2	-	-1	-	-	-	1 -	-	- 2	- 1	1 -		-	-	-	2	- -	1 -	4 5	5	9
504		Calculi of the Urinary	{Е.	-	-	-	-	-	- -	- -	1	-	-	-	-	-	-	-	- .		-	-	-	_ -	-	-	-	-	-		-	-		
505	135 a b	Diseases of the Bladder	{Е.	-	-	1	-	-	- -	- -	- 1	-	-	-	-	-	2	-	1 :	- -	-	-	-	- -	- -	1 -	-	-	- :	- -	1 -	5	-	1
506	136 a b	Diseases of the Urethra, Urinary Abscess, etc.	{Е. О.	-	-	-	-	-	- :	- -		-	-	-	1	-	-	- -	- :	- -	-	-	-			-	-	-	-	- -	-	-1		1
507	137	Diseases of the Prostate	{E.	1	-	-	-	-		1 -	- -	3 -	-	-	-	-	2	-	- -		3 -	1	_	- :	-	4 -	-	-	1		-	14	- 1	15
508	138	Diseases of the Male Genital Organs	{Е.	-	-	-		- ·	- -	- -	- -	-	-	-	-	-	-	- :	- :	- -	-	-	-	- -	- -	-	-	-	-		-	-		
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510	139a	Diseases of the Fallo- pian Tubes and Pel- vic Abscess	{ Е. О.	-	-	-	-	-	- . - .	- -	- -	-	-	-	-	-	-	-	- ·	- -	-	-	-	- .		-	-	-	-		-	-		-
511	139b	Diseases of the Utcrus	{Е. О.	-	-	-	-	-	-	- :	- -	-	-	-	-	-	-	-	- -	- -	-	=	1	- :		1 _1	-	-	-		1		2	2
512	139c	Diseases of the Breast (non-puerperal)	{Е.	-	=	-	-		-	-	- -	-	-	-	-	-	-	-	-	- -	-	-	-	- :	- ! -	-	-	-	-	- -	-	-	-	-
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513	139d	Female Genital Or-	E. O.	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		1 -	-	-	-	-	-	-	1	1	-	-
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550	140	Post-Abortive Sepsis	{Е.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	1	-	-	- -	-	-	-	-	=	-	-	4	4	-	-
551	141	Abortion—not returned as septic	{E.		-	-	-	-	-	-	-	-	-	-	-	-	- -	-	1	-	2	-	-	- -	-	-	-	=	=	-	-	1 2	2	-	1
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553	143	Other Accidents of Pregnancy	{Е. О.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	- -	-	-	-	=	=	-	-	-	=	-	-
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555	145 a b	Puerperal Sepsls	10.	-	-	-	-	-	-	-	-	-	- 1	-	-	-	3	-	2 7	-	2	-	-	- -	-	-	-	-	-	-	-	12		-	1 4
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557	1	Other Toxaemias of Pregnancy	10.	-	=	-	-	-	-	-	-	-	-	-	-	-	1 -	-	-	-	-	-	-	- -	-	-	-	-	-	-	-	-	-	-	~
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559	149	Other Accidents of Childbirth	10.	-		-	-	-	-	-	-	-	-	1 1	- -	-	-	-	- 5	-	-1	-	-	- -	-	-	-	-	-	-	-	5	1 5	-	1 3
560	150	Other or Unspecified Conditions of the Puerperal State	\mathbb{R}	 		-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
561	150	Puerperal Diseases of the Breast		: -	_	-	-	-	-	-	-	-	-	-	=	-	-	-	-	-	_	-	-	- -	-	-	=	-	-	_	-	=	-	-	<u>-</u>
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650	154	OF LOCOMOTION. Acute Infective Osteomyclitis and Periostitis	14	- -		- -	-	-	-	-	-	- 1	-	-	1	-	-	-	-	-	-	-	1		1 -	-	-	-	-	-	2	2	2	-	
651	155	Other Diseases of the Bones	ſΈ.			_	-	-	_1	-	1	_1		-	-	-	-	-	-	1	-	-	-	1 -	-	-	-	-	1	-	4	_1	5 1	_1	-
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653	156b	Disease of the Other Organs of Locomotion	E.		-	-	-	-	_	-	-	-		_	-	-	-	-	-	-	-	-	-	_		-	-	-	-	-	-	-		-	-
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513	139d	X. (cont.). Other Diseases of the Female Genital Or- gans	{ Е. о.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-		- -	-	-	-	-	1	-	-	-	-	-	-	_ ;	1 1
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550	140	XI. DISEASES OF PREGNANCY AND PUER-PERAL STATE. Post-Abortive Sepsis	{ E.	-	_	_	-	-	_		-	_	-	_	- 1	-	_	_	-	_	-					-	_	_	_	_	_	_	_	_		-
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553	143	Other Accidents of	SE.	-	-	_	-	_	_	_	-	_	_	-	-	-	-	-	_	_	-		-	_	-	-	_	_	_	-	-11	1	-	-1	- 1	-
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555	145	Hacmorrhage Puerperal Sepsis	\ O. ∫ Ε.	_	_	_	1	_	-	_	_	-	-	_		-	_	-	-	_	1	- -		-	-	1	-	1	-	_	-1	1	_		$\begin{bmatrix} - & 2 \\ - & 5 \end{bmatrix}$	5
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557	147	and Convulsions Other Toxaemias of	∫ O. ∫ <u>E</u> .	-	_	-	1	-	-	-	_	_		_	1 -	_	-	-	-	_	_	- -	-	-	-	_	_ ;	1	-	-	- -	- - .	- ·		3	3
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560	150	Childbirth Other or Unspecified Conditions of the Puerperal State	€0. { Ε. (ο.		-	-	~	-	-		-	_	-	-	-	-	-	-	-	-	_	- -	-	-	-	-	-	-	-	_	-	2	- -	-	-	5 -
561	150	Puerperal Diseases of	∫E.		-	-	-	-	-	-1	-	-	-	_	-	-	-	-	-			- -	-	-	-	-	-	-	_	_	_ .	_ -	- -	. -	-	-
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600	151	TISSUE. Carbuncle	{Е. О.	-	-	- -	-	-	-	-	-	-	-	-	-	1	-	-1	-	-	- :	- -	-	-	-	-	-	-	-	-	1 -	1 -	- -	1 2	1 -	2 3
601		Cellulitis— Acute Abscess	{Е. О.	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	- :		- -	-	=	_	<u>-!</u>	-	1	1	_ -	- -	-	- -	2	2	4
602	153	Other Diseases of the Skin and its Annexa	{Е. О.		_	_	_	-	-	-	-	_	-	-	-	_	_	-	_	- :	- -		=	<u>-</u>	-	-	-	- :	-	- -	1 -	- -		-1	-	1 -
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650	154	BONES AND ORGANS OF LOCOMOTION. Acute Infective Osteo-	ſE.	_	1		_	_	_		-	_	_	-1	_	_	_	_	_	_	_ _		_	_	_	-	_	_		_ _	_				1	1
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651		Other Diseases of the Bones	{ E. O.	-	-	-	-	-	-	-	-	-	-	1	-	-	-1	-	-	- :	- -	1 -	_1	=	-	-	_1	- -	- :	- -	1 -		-	4	-	5
		Disease of the Joints	{Е. О.	-	-	-	-	-	-	-	-	-/	-	-	-	-	-	-	-	- :	- -		-	-	-	-	- :	- (:	- -	- -	- -	- -	-	-	=	-
653	156b	Disease of the Other Organs of Locomotion	$\left\{ \begin{array}{l} \mathbf{E}.\\ \mathbf{O}. \end{array} \right.$	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	- -		- -	-	_	-		- .				-	-	-	-	-	_
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		XIV. CONGENITAL MALFORMATIONS.											_						_														T			
		Congenital Hydroce- phalus	{ E. О.	-	-	-	-	-	-	-	-	-	-	-	-	-	=	-	-	- -	- -		-	-	-	- :	- -	- -	- -	- -	-	-	1	1 -	1	1
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753	161	Other Diseases peculiar to Early Infancy	{E.	5 14	9	-	_	-	- 1	5 4	9	_ -	-	_	_	_		_	_	-	<u>- </u>	=	-	_	- -		-	-	_	-		-	5 14		9 23	1 -
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871- 875, 882, 883, 895	184- 186, 194	Accidental Injury other than mentioned below	E o		-	-	1	-	-	1	1	1	1	1	-	3	-	5	-	3	2	1 2	-	3	1 -	1 -	1	_ 2	-	-	-	-	10 14	3		2 -
	176	Attack by Venomous	E O		-	-	_	-	-	_	-		-	-	-	_	-	-	_	-	-	_	_	_ :	- -		-	-	-	_	-	-	-	_ } :	- :	- -
864	177	Animals Food Poisoning	CE	1 1	-	_	-	-	-	-	-		_	-	-	_	-		_ [_	-			_ -	-	1-	-	-	-	-	-	-	-		_ .	- -
865	178	Accidental Absorption of Irrespirable or Poisonous Gases	1 .		-	-	_	-	-	-	-	-	-	-	-	-			- 1	-	-	-	-	_ -		- -	-	-	-	-	-		-	1	- -	2
866	179	Other Acute Accidental Poisoning (Not by Gas)	E	i	-	- 1	- ' -	1	-	2	1		-	-	-	-	-	- -	 -	-	-	-	-	- -		·	-	-	-	-	-	-	- 2	1	- 3	1 -
867	180	Conflagration	{E		=	-	_	_1	- 1	1	-1	=	-	-	-	_1 _	1	-	<u>-</u>	-	-	-	_	1 -	1:	-	-	-	-	-	-	-	2	1	3 -	- -
868	181	Accidental Burns	E E	-	-	1 2	-	-	1 2	1 6	1 3	-	-	-	-	_	-	_	-	- 1	1	-	_	1	1 -	-	=	=	-	-	= 1	-	2	3 5	5 14	
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870	183	Accidental Drowning			_	-	=	-	-	-	-	-	-	-	-	2	_	_1	-	-	-	_	-1	1 -	-	1 -	-	-	_	-	-1	-	5	-	5 8 -	1 -
876- 881	186	Accidental Injury by Railway, Road and Other Transport	I CE	2	-	-	-	-	2	-	2	2	2	- 2	-	1	- 1	3	2	1 5	-	4	-	3	1	2 -	-	-	-	-	-	_	16		23 ₁	9
886	187	Cataclysm	CT	B	-	-	-	-	-	=	-	-	-	-	-	_	_	_	_		-	_	-	- :	- -	-	-	-	-	-	-	-	-	- ;	- -	- -
887	188	Injury by Animals		E	-	-	-	_	_	_	-	-	-	_	-	-	-	-	-	_	-	_	_	-1:		-	-	_	-	_	-	-	-	_ ;	- -	1
888	189	Hunger and Thirst	1	G	-	-	-	_	-	_ ,	-,	-1	_	-	-	-	-	-	-	-	-	_	_	- -	- -	-	-	-	_	_	-	-	-	-	- -	- -
889	190	Excessive Cold	CT	E	-	-	-	_	-	-	-	-	-	-	-	_	-	-	-	-	-	_	-	- -	- -	-	-		-	_	-	-	-	_	- -	- -
890	191	Excessive Heat	CT	E	-	-	-	_	-	-	-	-	-	_	-	_	-	_	-		-	_	-	_ -	- -	-	-	_	_	-	-	_	-	_		
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	195	Violent Deaths of Un- stated Nature (Open	$\left\{ egin{array}{c} \mathbf{I} \\ \mathbf{I} \end{array} ight\}$	D. – E. –	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	- -	- -	/ _	-	-	-	-	- 1	-	- ; -			-
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Code No.	International Code No.	CAUSE OF DEATH.	Race.	Se Poi 1	nt	Har bour 2	r	West Cen- tral 3	K1	1		5	Ce tr	al	Cas	7	Woo stor	ck	Salt River	r bi	ow- ray 10	lar 1	nd 1	Rone bose 12	h 1	Clare- mont 13	B 1	alk- ay 4	ber 15	g.	Un asce aine	ses i- er-		Persons.
		XV. (cont.).	,		F.	M. J				F.	M.	F.	M.	-	М.		M.	F.	M. F	. M.	F.	M.	F.	M.	F. 1	1. F.	М.	F.	М.	F.	M.	F.	M. F	
758	161	Other Diseases peculiar to Early Infancy	₹0.			_			_		_	- -	2	_	1	_	-	1	3 -	1		1	1	1	2	1 1	1 2		1	3	_	-	14	9 23
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862	175 184-	Accidental Injury	$\left\{ \begin{array}{l} \mathbf{E}.\\ \mathbf{O}. \end{array} \right.$		-	- 2	-	1 -	-	- -	-	- 1	-		_	2	2	-	3 -	1	-]	-	-	1	 1	1 1 -	-	2	- '	1	2	10 10	5 15
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863	176	Attack by Venomous	{ E. O.	_	-	_ ;	- -	- -	-	-	-	-	-	_	-	_	-			-	-	_	_	-	_ :	 	-	=	_	-	= ,	_	_ -	= =
864	177	Food Poisoning	CT		-	-	_ :	_	-	_	-	-	-	-	-	-	-	_ 1		-	-	-	_	_	_ :		=	-	-	-	-	-	<u> </u>	= =
865	178	Accidental Absorption of Irrespirable or	ςE.	-	-	- 1		- -		-	-	-	-	-	-	-	-	- 1	- -	-	-	-	-	-	_ .	-	-	-	-	-	-	-	- -	-
866	179	Poisonous Gases Other Acute Accidental Poisoning (Not by	\ \ o. \ \ \ E. \ \ o.	-	-	-				-	-	-	-	1	-	-	-	-		-	-	-	-	-	- ·	- ;	-	-	-	-	-	-	- - -	
867	180	Gas) Conflagration	{ E. O.	-	_	_	_ -	- -	1	1	_	_	-	-	-	-	_	-	-	-	-	-	-	1	- ·	- -	-,	-	-	-	-	_	2	1 3
868	181	Accidental Burns	ξ O. { E. O.		_	-			-	1	_	-	_	-	-	-	-	_	-	1 -	-	1	_	1	_ .	- -	-	- -	_	- 2	-	-	2	3 5 5 14
869	182	Accidental Mechanical	CE.	-	_	1	- -		-	-	-	-	-	-	-	-	-	-	_ -	-	-	-	_	-	_] .	- -	-	_	-	-	-	_ .	- -	_
870	183	Suffocation Accidental Drowning	∫ ō. ∫ E.	_	_	_	_ -	- -	-	_	_	-	-	_	-	_	1	_	1 -		_	1	-	1	_ .	- -	-	-	_	-	_	-	5 -	5 8
876- 881	186	Accidental Injury by Railway, Road and	\	2	1	2	- :	-	1	2	-	-	1	1	-	-	1 2	- 2	2	1 1	-	1	-	1 2	1	$\begin{bmatrix} 2 & 1 \\ 2 & 1 \end{bmatrix}$		-	2	-	- 2		16	7 23 6 37
886	187	Other Transport Cataclysm	{ E.	1-1	_	-	- .	_		-	_		-	-	-	-	=	-		<u>-</u>	_	-	_	-	_ :	-	_	-	_	-	-	_ :	- -	_
887	188	Injury by Animals	{ E.	_	_	-		- -	-	-	-		-	-	-	-	=	_	- -		-	-	-	-	_		_	-	_	-	-	- :	- -	-
888	189	Hunger and Thirst	{ E. O.	1	_	-1	- 1:	- -	_	_	_	=		-	-	-	-	_	- -		-	_	-	-	_ :		-	- -	_	-	_	- :	- - -	1 -
889	190	Excessive Cold	{E.		_	-	- :	- -		_	-	_	-	-	-	-	-	-			-	-	_	-	_ :	= =	_	-	-	-	_	- :	_ _	-
890	191	Excessive Heat	{E.		-	-	- :	_		_	_	-	-	- -	-	-	-	-		- -	=	-	_	-	_ :	- -	-	_	_	-	- :	- :	- -	-
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892	193	Electricity (Lightning Excepted)	{ E.		-	-	-	- -	-	-	 - -	-		- -	- 1	-	-	-			-	-		-	- ; -		1	-	-	-	-	-	1 -	
893	194	Neglect—Infants	{ E.		-	-	-	_ _	:	-	-	-	-	<u>-</u>	-	-	-	-			-	-	_ ,	-	_ -	- -	-	-)	-	-	- -	- :		-
894	194	Killed in Riot	{ E.		-	-1	- :	- -	-	-	-	-	-	-		-	-	-		=	-	-	_	-	- -	- -	=	-	_	-	-	- :	- -	-
896	195	Violent Deaths of Unstated Nature (Open Verdict)	{ E. O.		-	-	-	- -	-	-	-	-	-	-	-	-	-	-		-	-	-	_	-	- -		-	-	-	-	- . - .		- -	-
897	196	Wounds of War	{ E.	1	-	-		- -		-	-	-		-	-		_	-		-	=	-	_	-	_ -	- -	-	-	-	-	-	- -	- -	-
898	197	Execution of Civilians by Belligerent Armies	{ E.		-	-		- -	_	-	-		-	-	-	-	-	-		-	-	-		-	- -	- -	-	-	-	-	- :	- -		-
899	198	Judicial Execution	{ E. O.		-	-	-		-	-	-	-	- -	_	-	-	-	-		=	-	- 1	-	-	- -		-	_	-	-	_	_ -		-
		Totals for XVII	{ E.		3		1		4 3	6 2	1 1	1 	$\frac{2}{14}$	1 6	9		5 7	- 2	3 -	$\begin{vmatrix} -1 \\ 3 \end{vmatrix} = \begin{vmatrix} -1 \\ 2 \end{vmatrix}$	1	4 6	1 -	5 5	2	3 2 3	1 6	- 1	3 9	2 3 -	1 5	2 2 8	47 23 81 2.	5 72 3 10 4
		XVIII. ILL-DEFINED DISEASES.									.		-										Been raugh W											_
950		Sudden Deaths	{ E.	-	-	-	-	-	-	-	-	-	-	_	-	-	-	-		-	-	-	-	-	- -		-	-	-	-	_			1 4
951	200	Cause of Death Un- stated or Ill-defined	{ E.	1	-	_	-	_		_			1	_		- 2		_	1 -	_			-	1	1 -	- 3	2	1	2	1	1		$\frac{3}{7}$ $\frac{1}{3}$	7 14
		Totals for XVIII	{ E.	-	-	-	-	_ -	=	-	-	-	1	-	_1	- 2	-	=	-	=	-	-	-	1	- -	- 3	2	1	2	1	1			7 14
						1																												

Table B.		Bii	Births a	and S	Still-Births		for th	the year	ar 193	35-1936		classified	ed as	to R	Race, S	Sex, L	Legitimacy		and \	Wards		
			Д.	EUROPEAN	AN.				O'TH	HER THAN		EUROPEAN.	ż					<u>ν</u>	STILL-BIRTHS	RTHS.		
WARDS.	LEGITIMATE.		ILLEGITIMATE	IMATE.		TOTALS.		LEGITIMATE.		ILLEGITIMATE	IMATE.		Totals.		1	TOTALS		EUROPEAN.	EAN.	OTHER THAN EUROPEAN.	1 1	TOTAL STILL- BIRTHS
	Males.	Females.	Males.	Females	Males.	Females.	Total.	Males.	Females.	Males.	Females.	Males.	Females.	Total.	ы́	О.	Total.	Legit.	Megit.	Legit.	Illegit.	
l. Sea Point	111	112	61	m	113	115	228	6	13	4	က	13	16	29	228	29 -	257			ලා		15
2. Harbour	38	28			38	29	67	54	48	[6]	21	75	69	144	29	144	211	1		∞	7	16
3. West Central	7	7			7	7	14	73	78	26	31	66	109	208	14	208	222	-		10	1"	18
4. Kloof	63	55	4	က	67	58	125	133	133	37	40	170	173	343	125	343	468	ũ	1	15	11	31
5. Park	63	58	ા	4	65	62	127	9	16	6	9	15	55	37	127	37	164	က		દા	က	8
6. East Central	64	67	9	9	70	73	143	419	378	131	103	550	481	1,031	143	1,031	1,174	7		45	∞	09
7. Castle	15		က	ت	18	16	34	328	298	92	7.3	404	371	775	34	775	608	44		31	15	50
8. Woodstock	155	135	00	4	163	139	302	165	175	35	43	200	218	418	302	418	720	4		15	55	24
9. Salt River	172	181	5	18	177	199	376	150	168	32	40	182	208	390	376	390	992	16		13	4	33
10. Mowbray	129	100	9	0	135	108	243	40	39	15	Ξ	55	20	105	243	105	348	10	-	ତା	-	14
11. Maitland	121	125	က	9	124	131	255	194	192	73	7.9	267	271	538	255	538	793	9		22	1-	35
12. Rondebosch	72	102	10	2	77	72	149	404	363	101	81	505	444	949	149	949	1,098	က		36	19	58
13. Claremont	128	149	4	7	132	156	288	275	300	62	67	337	367	704	288	704	992	10	1	30	12	52
14. Kalk Bay	47	55	20	-	52	56	108	118	117	52	51	170	168	338	108	338	446	6	2	12	10	26
15. Wynberg	141	140	6	-	150	147	297	299	306	82	84	381	390	771	297	771	1,067	9		29	7	42
Not Allocated (unascertained addresses).	1		9	-1	9	7	13	1		2	[દા		67	13	61	15		1			č 1
Total	1,326	1,293	89	85	1,394	1,375	2,769	2,667	2,624	758	733	3,425	3,357	6,782	2,769	6,782	9,551	88	4	273	117	484*
Excluded from above figures (1) Births in Capetown which did not belong thereto	142	114	26	39	168	144	312	&1 &	26	32	38	09	64	124	312	124	436	14		12	11	37
(2) Langa Location								21	37	8	က	29	40	69	1	69	69	1			7	9
(3) N'dabeni Location		1		1				-		2	က	က	က	9	1	9	9					
								* Including	ding or	ינו לה סר	nknown	2900										

* Including one of unknown race.

	eaths d for fers.	Totals.		$\begin{array}{c} \mathbf{u} \mathbf{u} \mathbf{u} \mathbf{u} \mathbf{u} \mathbf{u} \mathbf{u} u$	2 2 2 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		200222222 24.50 26.90 2011 2011 2011
	Tubereulosis Deaths (all forms), Rates, eorrected for Outward Transfers.	Non-		40 40 <td< td=""><td>4 · 69 4 · 47 4 · 09 4 · 61 4 · 84</td><td></td><td>447474744 7400880044 7870884044</td></td<>	4 · 69 4 · 47 4 · 09 4 · 61 4 · 84		447474744 7400880044 7870884044
- 11	Tuberer (all Rates, e Outwar	Eur.	ļ	11.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	1.04 0.88 0.79 0.75 0.84		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	rer es, or sfers.	Totals.		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0 · 25 0 · 34 0 · 20 0 · 15 0 · 06		0 0 1 1 2 0 0 0 1 1 2 0 0 0 0 0 0 0 0 0
	Enterie Fever Death Rates, eorreeted for Outward Transfers.	Non- Eur.		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0 · 47 0 · 28 0 · 21 0 · 07		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
13.	Enterie Death eorreete	Eur.		0.000 0.000	0 ·19 0 ·13 0 ·09 0 ·04		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
e 19	eted	Infant Mortal- ity Rate.					57 · 37 60 · 33 60 · 33 64 · 91 66 · 78 49 · 39 44 · 50 63 44 · 80
since	s eorre d Outw ers.	Natural In- erease Rate.					211112 11112 11112 100 100 100 100 100 1
Rates	European Rates eorreeted for Inward and Outward Transfers.	Death Rate.					10 -73 10 -89 10 -89 10 -42 10 -42 10 -32 9 -44 11 -13 10 -88
	Europe for In	Birth I Rate.					222 -91 222 -29 222 -29 221 -32 20 -84 17 -95 16 -76 18 -37
Statistic	Δ	Totals.		193 · 50 173 · 89 173 · 89 173 · 89 173 · 89 173 · 89 174 · 49 186 · 24 186 · 24 186 · 24 186 · 24 186 · 24 186 · 24 186 · 29 187 ·	170 ·18 164 ·02 144 ·15 134 ·15 119 ·01		147 · 36 127 · 30 127 · 30 126 · 57 136 · 59 116 · 04 119 · 61 116 · 53
	Infant Mortality Rates.	Non- Eur. To	ARD.	255 55 1 1 1 1 1 2 2 2 3 1 1 1 1 1 2 2 3 1 1 1 1	.61 .77 .58 .40		190 62 1155 80 1155 80 1155 80 1155 80 1155 80 1155 80 1155 80 1155 80 1155 80 1155 80 1155 80 1155 68
Vital	Infant Ra	Eur. E	≥	100 38 39 49 49 49 49 49 49 49 49 49 49 49 49 49	95 · 07 218 90 · 84 211 71 · 91 181 62 · 66 169 49 · 64 147	WARD.	60 28 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
s and		tals. E	WYNBERG	100 100 100 100 100 100 100 100 100 100	6 · 96 9 6 · 61 7 6 · 61 6 6 · 61 6 5 · 78 4	BERG V	15 63 17 39 17 39 16 30 16 30 17 30 17 30 18 25 18 53
ono	Increase es.	Non- Eur. To	I. ()	717.22 717.23 717.23 717.24 717.25	18 ·67 1 16 ·04 1 1 22 ·02 1 1 23 ·22 1 24 ·23 1 1	WYN	220 65 225 33 225 33 225 47 225 32 221 09 24 37
opulati	Natural Increas Rates.		EXCLUDING	25.5.4.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	38 38 38 38 38 38	INCLUDING	11110101010101010101010101010101010101
Ь		als. Eur	ALITY	4 & & & & & & & & & & & & & & & & & & &	.39 1 .07 1 .62 1 .55 1		84.74.78 85.74.75.76 86.74.76 11.11 11.1
stimated	Rates ed for Transfel	Non- Eur. Total	MUNICIPALITY	22	.15 1 1 254 2 2 67 1 1 57 1 1 255 1	MUNICIPALITY	22 25 25 25 25 25 25 25 25 25 25 25 25 2
Esti	Death Rates corrected for Outward Transfers	Eur. E	MU	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	12 · 04 27 11 · 95 29 29 10 · 11 26 10 · 47 25 10 · 29 23 23 24 25 25 24 25 25 25 25	MUNIC	10 53 10 69 10 73 10 73 10 9 10 9 10 84 10 68 10 68
e of		Totals. I		18 18 18 18 18 18 18 18 18 18 18 18 18 1	18 · 41 1 17 · 77 1 18 · 12 1 17 · 48 1 17 · 46 1 17 · 46 1 17 · 46 1 17 · 46 1 18 · 18 1 18 · 18		7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.
lable	egitimate Birtl pereentage of Total Births.	Non- Eur. Te		29292929292929292929292929292929292929	25 ·83 25 ·12 24 ·76 22 · 31		223 .18 223 .65 223 .01 221 .90 221 .90 221 .90
ve J	Illegitimate Births, percentage of Total Births.	Eur.		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6 · 99 6 · 52 5 · 35 7 · 4 · 96		20 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Comparati		Totals.		88888888888888888888888888888888888888	37 ·85 36 ·33 34 ·23 34 ·16 32 ·35		28 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
omp	h Rates	Non- Eur.		44444444444444444444444444444444444444	47 · 23 47 · 54 19 · 59 48 · 79 47 · 48		84 4 8 8 8 1 8 8 1 8 8 1 8 8 1 8 8 1 8 8 1 8 8 1 8
C	Birth	Eur.		200 200 200 200 200 200 200 200 200 200	28 · 97 26 · 71 21 · 49 21 · 26 18 · 14		0 21 · 71 · 72 · 73 · 74 · 74 · 74 · 74 · 74 · 74 · 74
		Totals.		151,500 155,350 159,330 163,440 1167,680 1167,680 1176,56			243,300 254,360 254,360 261,360 261,590 275,280 282,180 289,260 289,090
-:1	Estimated Populations.	Non- Eur.		74,560 77,550 77,450 77,450 77,450 79,440 79,450 89,450 81,490 81,490 81,960 91			114,560 118,070 121,700 125,490 129,290 133,260 137,350 138,480
le (Est	Bur.		76,940 82,860 85,990 85,990 92,610 96,110 96,110 103,130 103,580 1112,220 1114,420 1114,420 1118,750 1			128,740 133,890 133,890 139,260 144,830 147,700 150,610
Tab					914 to 916 to 917 to 921 to 922 to 927 to 331 to		:::::::
FIL	Periods, 1st July to 30th June,			1913-1914 1914-1915 1915-1916 1915-1918 1917-1918 1917-1918 1917-1918 1921-1922 1921-1922 1921-1922 1921-1924 1922-1926 1925-1926 1925-1926 1927-1926 1927-1930 1931-1931 1931-1932 1931-1933 1931-1933 1931-1933	1913-1914 1915-1916 1916-1917 1920-1921 1921-1922 1925-1926 1930-1831 1931-1932 1931-1932		1927-1928 1928-1929 1929-1930 1930-1931 1931-1932 1933-1933 1933-1933 1935-1935
	Periods y to 30			3.2.s	rs and days ennium ",		::::::::
	1st Ju			Year Year "" "" "" "" "" "" "" "" "" "" "" "" ""	(2) 2 Years and 296 days (3) Quinquennium ,,,		Year
				(3)	£ €		

From 8th September, 1913 to 30th June, 1914.
 From 8th September, 1913 to 30th June, 1916.
 From 8th September, 1913 to 30th June, 1916.
 From 8th September, 1913 to 30th June, 1916.
 The year of the influenza epidemic (1918-19) is excluded, the figures shown being the mean of the other four years of the influenza epidemic (1918-19) is excluded, the figures are uncorrected for the year 1919-20 and previous years, and are corrected for outward transfers in subsequent years. The figures in italies (1918-19) represent rates of natural decrease.
 The populations for 1935-36 are corrected according to the 1936 census, but not those for earlier years.

	Ocath rates from Tuber- culosis (all Forms) per 1,000 persons	Non- Eur.	99.0	4 .32	98. €	5 ·43	1.02	t ·93	4 .59	5 -70	5 ·20	3 .52	5 · 13	4.05	4 .95	3 -93	3 · 43			4 - 47
ů	,	Eur.	87.0	1.46	0 .93	0.50	92.0	1 .21	2 .08	1 .79	1 .17	62.0	0 -73	0.47	69.0		0 -65			08:0
dents	Deaths from Tuberculosis (All Forms).	Non- Eur.	c1	18	26	37	81	101	89	53	39	10	53	<u>G</u> 1 ∞	59	15	54	4		629
resic	De fr Tuber (All E	Bur.	6	9		61	6.	6:	က	61	17	111	1-	5	10		10		G1	123
Wards of the City, corrected for Non-residents.	int ality 1,000 hs).	Non- Eur.	172 -41	173 -61	149.04	119 -53	108 -11	146.46	143 -23	110.05	130 -77	123 -81	128 -25	143 -31	160 -51	159 -76	172 -50			145 .68
for	Infant Mortality (per 1,000 Births).	Eur.	52 -63	14 .03	71 -43	48 .00	39 -37	20 -98	147 .06	46.36	63 -83	53.50	30 -92	26 -85	34 · 72	18 .52	33 .67			44 ·82
cted	Js year fe.	Non- I Eur.	- rœ	2.5	31	41 4	€ +	151 2	111 14	46 4	51	13 5	69	136	113 3	54	133 3	<u>ت</u>		988 4
orre	Deaths under I year of Age.	Eur.	61	 	1	9	5	က	õ	14	24	13	10	4	10	ा	10	າດ	1	126
ity, c		Non- Eur.	96. ‡	13 -19	23 -22	23 -92	8.71	26.15	28.52	24 ·61	27 -33	19.36	25 -85	25 -12	24 .69	34 ·22	24 .90			24 .37
e C	Natural Increasc rates per 1,000 Persons.	Eur.	2 -43	4 .63		1 -37	0.51	8 - 40	29. 2	13 -48	14 ·16	7 -81	17 .05	6.54	11.46	69. 2	7.37	!		7 -49
of th		Non- Eur.	15	55	103	163	17	536	418	550	205	55	267	509	343	183	392	- 09-		3,430
ırds	Natural Increase (Excess of Births over Deaths).	Eur.	46	10	7	14	9	63	1.1	166	205	109	163	20	166	87	113	-64	13	1,147
	rates per Persons.	Non- Eur.	4 ·62	21 .36	23 .68	26.41	10 .25	24.16	24.10	20 ·31	24.67	17.60	26 -24	21 -71	25 -99	28 -99	24.07			23 ·81
arate	Death rates per 1,000 Persons	Eur.	9 -61	11 -69	13.88	10.87	10 .25	10 .78	15 .92	11.05	11 ·80	9.61	. 63 0 · 63	2 .38	8 -43	9 · 62	11 .99			10.88
sep	I	Non- Eur.	14	68	105	180	50	495	357	189	185	.50	271	440	361	155	379	65		3,352
the	Deaths.	Eur.	182	48	15	111	121	80	23	136	171	134	92	62	122	09	184	2.2	30	1,665
s for	mate ercent- Total hs.	Non- Eur.	24 · 14	29.17	27.40	22 -45	40.24	22 .70	19.23	18.66	18.46	24.76	28 -25	19.18	18 ·32	30 -47	21 .53			21 .98
Rate	Illegitimate Births, Percent age of Total Births.	Eur.	2 · 19	1.49		2 ·60	4 - 72	8 -39	23 .53	3 - 97	6.12	5.76	3 -53	4 -70	3 ·82	5.56	5 -39			5 ·420
tic I		Non- Eur.	1-	57	22	2.2	15	234	149	78	72	26	152	182	129	103	166	c1		1,491
itatis	Illegitimate Births.	Eur.	10	-	1	1-	9	15	œ	12	65	7.	6	1	11	မ	16	13		150
tal S	ates	Non- Eur.	9.58	34 .55	06-97	50 .33	18.96	50 -31	52 ·32	44 .92	52 .00	36 - 96	52 .09	46.83	20 .68	63 -21	48.97			48.18
d Vi	Birth rates per 1,000 Persons	Bur.	12 ·04	16 .32	12 .96	12 .24	10 .76	19.27	23 .54	24 .53	25 -96	17 - 42	26.68	13 .92	19 ·80	17.31	19 ·36			18.37
s an		Non- Eur.	65	144	208	343	7.00	1,031	775	418	390	105	538	940	704	338	77.1	G1		6,782
ation	Births.	Bur.	855	29	14	125	127	143	34	302	376	243	255	149	288	108	297	13	43	2,812
Populations and Vital Statistic Rates for	1 20	Total.	21,607	8,139	5,426	16,750	13,529	27,461	15,995	21,266	21,631	16,520	19,563	30,463	52,009	11,400	30,586			288,245
Д,	Calculated Populations on the 31st December, 1935.	Non- Eur.	2,979	4,100	4,363	6,705	1,920	20,161	14,574	9,154	7,370	2,795	10,161	19,935	13,667	5,261	15,491		_	138,645
	Calc Popu on t Decemi	Eur.	18,628	4,039	1,063	10,045	11,609	7,300	1,421	12,112	14,252	13,725	9,402	10,528	14,242	6,139	15,095			149,600 13
Ö.		<u> </u>	- :	-		16	= :	:	:	:	: 11	18		. 10	14)	: T			
Table	WARDS.		1. Sea Point	2. Harbour	3. West ('entral	4. Kloof	5. Park	6. East Central	7. Castle	8. Woodstock	9. Salt River	10. Mowbray	11. Maitland	12. Rondebosch	13. Claremont	14. Kalk Bay	15. Wynber 2	Not allocated	A. Inward Trunsfers	B. City of Capetown
									_1						1					

These figures refer to European births and deaths belonging to Capetown, but which occurred outside the municipality.

Exclusive of all figures relating to the native locations of Langa and N'dabeni (which are shown separately in Table J on page 130) but inclusive, so far as the European population is concerned, of population in the Harbour and residents enumerated on trains.

Exclusive of the 43 European births (inward transfers), in regard to which information as to the legitimacy is not available. 4ë 0

Table	Ħ		Comparative		Table	of Prir	Principal	Vital S	Statist	stic Rates	for	Various		Centres.					
	A	Bi (Co Outwa	Birth Rates (Corrected for Outward Transfers).	sfers).	Illegit Perce Births Outwe	Illegitimate Births, Percentage of Total Births (Corrected for Outward Transfers).	Births, of Total sected for unsfers).	(C)	Death Rates.	Rates.	(Co Outwa	Death Rates (Corrected for Outward Transfers).	es ior fers).	Infant 1 (Corr Outwar	Infant Mortality Rates (Corrected for Outward Transfers).	ulity or sfers).	Tuberd Rates (All Forms of Tuberculosis; Death Rates (Corrected for Outward Transfers).	of Death ed for sfers).
centre.	rear.	Euro- pean.	Non- Euro- pean.	All Races.	Euro. pean.	Non- Euro- pean.	All Races.	Euro. pean.	Non- Euro- pean.	All Races.	Euro.	Non- Euro- pean.	All Races.	Euro.	Non- Euro. peans	All Races.	Euro.	Non- Euro- pean.	All Races.
Union of S.A	1935	$24 \cdot 54^1$:	:	:	:	10.61	:	:			:	62.811	:	:	0.411		
Capetown	1935-1936	18.09	48.18	32.50	5.42	21.98	17.18	12.33	25.60	18.69	10.68	23.81	16.97	45.14	145.68	116.53	0.79	4.47	2.55
Johannesburg	1935-1936	23.63	38.85 ² 39.55 ⁴	:	2.84	:	•	;	:	:	10.88	$\begin{array}{c} 27.00^2 \\ 17.17^4 \\ 22.63^6 \end{array}$	14.39	74.13	238·97 ² 175·26 ⁶	::	0.26	2.29 ² 1.38 ⁴ 1.22 ⁶	0.84
Durban	1935-1936	16.53	9.74 ⁴ 42.58 ⁵ 37.87 ⁶	22.67	3.4	62.54 23.075	:	•	•		8.8	24.54 11.55 15.46	15.3	40.47	80.08		:		
Pretoria	1935-1936	22.95	$ \begin{array}{c} 12.41 \\ 36.89^{2} \\ 7.48^{4} \\ 48.52^{6} \end{array} $	19.04	3.53	30.17 41.07^{2} 39.79^{4} 0.73^{6}	10.27		•		0.88	$ \begin{array}{c c} 14.97 \\ 17.58^{2} \\ 14.24^{4} \\ 21.48^{6} \end{array} $	11.77	77.67	$\frac{374.49}{140.19^2}$ 585.934 152.676	149.58	0.11	0.63 1.72 ² 0.52 ⁴ 0.74 ⁶	0.31
Port Elizabeth	1935-1936	28.39	54.29	40.41	5.18	48.52	32.21	12.70	39.60	25.19	10.82	38.17	23.52	61.32	232 · 49	168.11	06.0	7.05	3.87
Bloemfontein	1935-1936	18.21	25.45	22.14	0.42	49.62	31.11	14.22	34.01	24.56	7.83	27.69	18.61	64.71	390.44	267.87	0.38	2.50	1.51
Pietermaritzburg	1935-1936	17.25	21.1 12.64 39.75 29.56	19.3	0.84	43.94	•	:	:	:	8.22	14.8 12.9 ⁴ 17.5 ⁵ 16.8 ⁶	11.7	22.4	162.8 ⁵ 114.3 ⁶	:	0.13	1.38 1.214 1.395 1.626	0.80
East London	1935-1936	17.8	31.3	25.0	4.1	63.24 43.25 7.66	:	12.2	47.4	:	8.8	38.1	24.4	38.6	476.9	:	0.3	5.8	4.05
Kimberley (Urban Area only).	1935-1936	19.7	28.84 42.75	28.8	0.11	1.74	1.02	:		:	10.9	28·04 21·7 ⁵	19.8	91.5	408·7 ⁴ 142·8 ⁵	226.9	0.26	3.34	1.8
and	1935			14.71	•	:	:	:	:	11.7	:	•	9.03	:		57.0	•	:	0.72^{1}
County of London	1935	•	:	13.31	:	:	•	:	:	11.4	·	:	:	*	:	58.0			0.773
Crude or Un A Natives only.	only.				° Col	Eurafricans only.	s only.				3 Stand 6 Asiati	Standardized 1 Asiatics only.	to Stand	ard Millic	n of Engl	³ Standardized to Standard Million of England and Wales for 1901.	Wales for	. 1901.	

J		4		-			-	7	-					
				tal	::⊢ :::	::::::					를 다	296 329 332 346 303 234	250 260 260 268 255 255 256 256 256 256 256 256 256 256	3,436
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Table I.

NOTIFICATIONS OF INFECTIOUS DISEASE FOR A SERIES OF YEARS

	VOTIFICA	TIONS	OF	INFEC	TIOUS	Dis	EASE	FOR	A SEI	RIES	OF YE	EARS,	CLAS	SIFIE	D AS T	ro RA	ACE.		
Diseases.	Race.	1918 1919.	1919 1920.	1920 1921.	1921 1922.	1922 1923.	1923 1924.	- 0	1925 1926.	1926 — 1927.	1927 — 1928	1928 1929	1929 - 1930	1930 — 1931.	1931 1932.	1932 1933	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	$\begin{vmatrix} 1934 \\ -1935 \end{vmatrix}$	
Scarlatina or Scarlet fever	Eur. Non-E.	153 18	274 23	224 15	97	47	26 3	50 1	129 8	123 11	228 . 6	154 10	$\begin{array}{c} 260 \\ 20 \end{array}$	425 40	121 18	121 19	103	229 14	596 34
Diphtheria or Membranous croup.	Eur. Non-E.	113 25	125 36	75 24	89 18	121 24	163 49	209 41	180 46	186 87	162 62	162 70	$ \begin{array}{r} $	189 93	120 67	142 73	192 106	238 136	189 122
Enteric or Typhoid fever	Eur. Non-E.	204 191	251 202	345 308	204 207	180 141	121	79 94	87 100	$\begin{array}{c} 117 \\ 123 \end{array}$	109 135	100	87 94	97 103	71 98	30 30	52 47	33 49	30 43
Erysipelas	Eur. Non-E.	22 7	34 10	27 5	25 6	31	16 10	20	15 14	45 24	35 34	43 26	$\frac{33}{32}$	41 30	40 28	$\begin{array}{c} 28 \\ 41 \end{array}$	37 30	44 50	51 42
Puerperal lever	Eur. Non-E.	9 8	10 20	10	7 17	11 15	8 15	9 24	9 36	10 35	20 38	29 54	16 53	19 43	16 52	22 49	26 48	24 67	22 74
Ophthalmia	Eur. Non-E.		<u> </u>	7 28	11 29	$\begin{array}{c} - \\ 9 \\ 22 \end{array}$	15 28	18 59	27 101	$\begin{array}{c c} 22 \\ 113 \end{array}$	27 135	$\begin{array}{ c c }\hline 25\\ 122\\ \end{array}$	$\frac{50}{208}$	50 227	53 199	$\begin{array}{ c c c }\hline 47\\218\end{array}$	30 190	$\begin{array}{ c c c }\hline 38 \\ 259 \\ \end{array}$	39 227
Cerebrospinal fever	Eur. Non-E.	5 5	4 5	3	5	4 3	3 2	6 19	4 21	10 39	39 183	30 101	14 48	4 18	$\begin{array}{c c} - & \\ \hline & 7 \\ 25 \end{array}$	$\begin{bmatrix} \\ 8 \\ 22 \end{bmatrix}$	3 17	$\begin{array}{c} 5 \\ 20 \end{array}$	$\begin{bmatrix} 1\\9 \end{bmatrix}$
Acute poliomyelitis	Eur. Non-E.	$\frac{2}{2}$	1	3	1 1	<u>1</u>	1	1 1	_	2	8 4	4	11 6	5 5		4 4	8 3	11 14	1 3
Infective encephalitis	Eur. Non-E.			3 2	5	2	5 4	6 5	6	6 5	8 3	7 5	$\frac{4}{3}$	1 4	$\frac{9}{2}$	$\frac{2}{4}$	2	8 3	4 3
Leprosy	Eur. Non-E.	1		$\frac{1}{2}$	$\frac{2}{3}$	6			$\frac{1}{2}$		 		$\frac{1}{3}$	1 1		$\frac{1}{2}$	$-\frac{1}{2}$	1 1	<u> </u>
Typhus fever	Eur. Non-E.	_	_			1	=		3	1	_	1	1	2	4	2	$\begin{vmatrix} \\ 4 \\ 1 \end{vmatrix}$		2
Smallpox	Eur. Non-E.	<u> </u>	=	_		_	_								=				
Influenza	Eur. Non-E.		78 55			18 2	$\begin{array}{c} 22 \\ 24 \end{array}$	189 284	67	61 133	$\begin{array}{c} -132 \\ 327 \end{array}$	166 349	238 348	69 171	†101 †140				
Pneumonia, all forms*	Eur. Non-E.	1		18 40	63 97	72 111													
Influenzal pneumonia	Eur. Non-E.						6 13	28 52	25 61	41 63	45 121	62 78	54 80	24 38	$\begin{vmatrix} -\frac{41}{91} \\ \end{vmatrix}$	19 31	13 31	$\begin{array}{r} -45\\82\end{array}$	56 64
Acute primary pneumonia	Eur. Non-E.						23 68	$\frac{76}{203}$	83 186	89 285	84 396	91 386	$\frac{-58}{302}$	84 289	98	$\begin{array}{c c} & 77 \\ \hline 253 \end{array}$	59 294	$\begin{array}{r} \\ 138 \\ 566 \end{array}$	148 465
Cholera	Eur. Non-E.		_	=	_	=	_						_	=					
Plague	Eur. Non-E.	_		=		=													
Anthrax	Eur. Non-E.	_	_	1		1 —	_					1				1			
Glanders	Eur. Non-E.	=		=		_	_		=					=					
Rabies	Eur. Non-E.		_			_	_												
Malta fever	Eur. Non-E.	_	1	_	2		_				2		$\frac{3}{1}$	1 1	2		1	l	
Yellow fever	Eur. Non-E.		Ξ	=	=	=													
Trachoma	Eur. Non-E.								2 4	$-\frac{1}{3}$	$\frac{2}{12}$	$\frac{3}{12}$	$\begin{bmatrix} 3 \\ 23 \end{bmatrix}$	4	3 4	1 6	1 1	$\begin{bmatrix} 2 \\ 14 \end{bmatrix}$	1 5
Lead poisoning	Eur. Non-E.												3 5	3	_	1 1	<u></u>	1	1
Tuberculosis, all forms*	Eur. Non-E.	104 502	103 526	114 495	138 447	132 531													
Tuberculosis, re- spiratory system	Eur. Non-E.						132 568	194 572	146 533	174 689	175 794	202 823	188 911	183 911	209 1,049	210 1,015	185 1,062	161 931	164 867
Other forms of tuberculosis	Eur. Non-E.						10 75	16 71	28 116	28 102	28 143	27 148	35 181	19 1 134	30	21 165	$\begin{array}{c c} \hline 21 \\ 203 \end{array}$	$\begin{array}{c c} 20 \\ 163 \end{array}$	21 151
From 1918/19	19 correc	ted fo	r impe	orted o	cases.														

From 1918/1919 corrected for imported cases.
From 1919/1920 to 1926/1927 corrected for imported cases and misdiagnosis.
From 1927/1928 to 1934/1935 corrected for imported cases and misdiagnosis: (including Wynberg Ward).
* Not separately classified until 1923-1924.
† 1st July—18th December, 1931.

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Ave	Europ	Adults.	M. F.	82	10 14					::	
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		cation						H	i		
		Lo	/	Langa N'dabeni	Total					Langa N'dabeni	Total
	Average Population for the 12 months July, 1935, to June, 1936.	Births. Birth- Rose Death Infant	Population for the 12 months ly, 1935, to June, 1936. Natives. Birth. Hold Figure 1936. Adults. Hold Figure 1936. Adults. Hold Figure 1936. Adults. Hold Figure 1936. Adults. Hold Figure 1936. Birth. Hold Figure 1936. Birth. Hold Figure 1936. Birth. Hold Figure 1936. Adults. Hold Figure 1936. Birth. Hold Figure 1936. Birth. Hold Figure 1936. Adults. Hold Figure 1936. Adults. Hold Figure 1936. Birth. Hold Figure 1936. Birth. Hold Figure 1936. Adults. Hold Figure 1936. Adults. Hold Figure 1936. Birth. Hold Figure 1936. Birth. Hold Figure 1936. Adults. Hold Figure 1936. Adults. Hold Figure 1936. Birth. Hold Figure 1936. Birth. Hold Figure 1936. Adults. Hold Figure 1936. Adults. Hold Figure 1936. Birth. Hold Figure 1936. Birth. Hold Figure 1936. Adults. Hold Figure 1936. Birth. Hold Figure 1936. Birt. Hold Figure 1936. Bi			European. Adults. 2 2 2 2 2 2 2 2 2		Adults. Adults	Suropean	European. Adults. Ad	Purcease Population for the 12 months Purcease Population for the 12 months Purcease Population for the 12 months Purcease Population for the 12 months Purcease Pur

in addition to the above, four cases of tuberculosis of the respiratory system were notified in the persons of 4 native males who contracted the disease outside the municipal area, being already ill on arrival in Langa Location. Deaths in Langa Location Hospital, 18 (Natives). Of these 18 deaths, 11 were of males and 7 were of females.

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BAROMETRICAL READINGS, 1935-1936.

CORRECTED FOR ALTITUDE, TEMPERATURE, INDEX ERROR, CAPACITY AND CAPILLARITY.

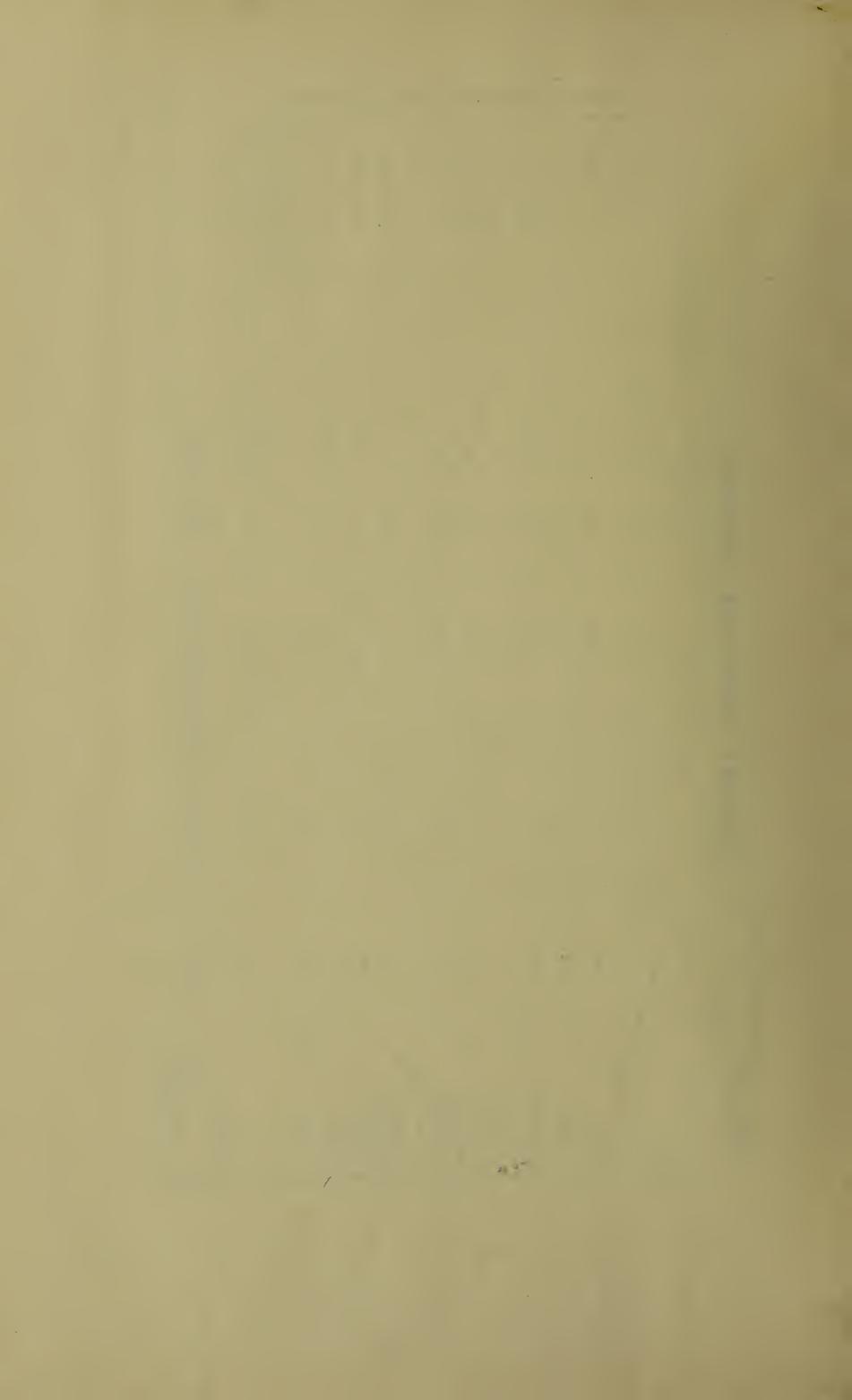
Lowest and Date for twenty-nine years, 1st July, 1906, to 30th June, 1935.	13th, 1917. 29th, 1920. 13th, 1920. 6th, 1920. 14th, 1925. 24th, 1926. 17th, 1911. 15th, 1921. 15th, 1921. 15th, 1921. 15th, 1916. 19th, 1916.	13/7/1917
Lowest for twent lst July, 190	28 ·924 29 ·753 29 ·694 29 ·727 29 ·831 29 ·754 29 ·775 29 ·002 29 ·078 29 ·078 29 ·078	28 ·924
Highest and Date for twenty-nine years, 1st July, 1906, to 30th June, 1935.	20th, 1921. 26th, 1921. 8th, 1924. 5th, 1912. 24th, 1913. 13th, 1921. 30th, 1917. 9th, 1923. 11th, 1921. 20th, 1908. 3rd, 1927.	26/8/1921
Highest for twenty 1st July, 190	30 · 709 30 · 984 30 · 691 30 · 563 30 · 569 30 · 569 30 · 945 30 · 608 30 · 608 30 · 663	30 .984
Date	15th 14th 3rd & 30th 5th 3rd 10th 3rd 2nd 2nd 2nd 2nd 2nd 2nd 2nd 2nd 2nd 2n	3/1/1936
Lowest.	29 .998 29 .986 30 .056 30 .022 29 .958 29 .982 29 .934 29 .958 29 .934 30 .000 30 .110	29 ·871
Date.	27th 2nd 11th 15th 15th 17th 20th 7th 7th 29th 12th 31st 28th	2/8/1935
Highest.	30 ·520 30 ·647 30 ·498 30 ·494 30 ·370 30 ·364 30 ·364 30 ·542 30 ·554	30 .647
Average for twenty-nine years, 1st July, 1906, to 30th June, 1935.	30 ·236 30 ·256 30 ·250 30 ·187 30 ·187 30 ·112 30 ·117 30 ·232 30 ·232 30 ·282	30 ·204
Mean.	30 ·312 30 ·319 30 ·252 30 ·230 30 ·159 30 ·159 30 ·159 30 ·220 30 ·235 30 ·311	30 · 220
		•
th.	· · · · · · · · · · · · · · · · · · ·	:
Month.	July August September October December January Kebruary March May June	Year

		Lowest and Date for 29 years, lst July, 1906, to 30th June, 1935.		5th, 1907. 25th, 1926.	α			30th, 1928. 28th, 1928. 19th, 1923. 4th, 1928.	5/7/1907
		Lower for lst July Ju	五つ	29·0 35·5	39·8 43·0	44.0	42·2 45·6 46·8	40.8 40.3 36.2	29.0
36.	eter.	Date		5th 3rd	25th 25th	10th 6th	18th & 20th 28th 12th	9th 31st 1st	5/7/35
1935-1936.	hermom	Lowest.	οF	40·0 42·8	43·9 47·9	49·1 50·3	51.0 51.5 51.9	47·1 41·5 41·1	40.0
	Minimum Thermometer.	A verage for 29 years, 1st July, 1906, to 30th June, 1935.	Ho	47.419	49·743 52·814	55·610 61·578	59·406 59·650 56·789	54.253 54.658 48.835	53.988
SHADE,	F	Mean	o.F	46.86	49.41 53.53	56.42	57·12 56·20 58·23	52·38 47·45 48·26	52.76
THE SH		Highest and Date for 29 years, 1st July, 1906, to 30th June, 1935.			18th, 1925. 31st, 1915.	25th, 1927. 16th, 1916.	27th, 1929. 14th, 1924. 19th, 1927.	lst, 1925. 3rd, 1932. 22nd, 1912.	14/2/1924
Z.		Higher for lst July, Jun	οF	85·3	91.9	100·3 100·0	102·3 103·8 101·0	102·9 95·5 85·7	103.8
AIR	Jr.	Date.		29th 10th	13th 25th	29th 25th	31st 1st 25th	18th 20th 8th	25/12/35
OF	ermomete	Highest	H.O.	76.8	75·8 80·0	93·4 100·1	90.9 96.9 93.1	92·1 79·5 82·7	100.1
TURE	faximum Th	A verage for 29 years, 1st July, 1906, to 30th June. 1935.	4°	62.688	$65 \cdot 939$ $70 \cdot 274$	74.099	80 · 442 80 · 561 78 · 704	73·612 68·571 62·074	71-471
PERA	W	Mean	Ψo	62.14	63.80 69.86	76.53	75·50 75·77 79·37	73·10 64·36 66·34	71.09
TEM		Average for 29 years, 1st July, 1906, to 30th June, 1935.	0 F	49.836	55·310 59·027	62·735 65·467	66.350 65.642 63.283	59.839 55.243 52.413	58.968
		Mean at 8 a.m.	51.91	54.71	64.48	64.44 62.28 63.81	59·16 52·67 54·44	59.02	
<u>L.</u>				::	: :	• •	: : :	• • •	:
Table		Month		1935 July August	September October	November December	1936 January February March	April May June	Year
TEMPERATURE	Maximum Thermometer.	Average for for 29 years, 1906, to 30th June. 1935.	To To	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	59.02 58.968 71.09 71.471

Table M.			RAI	RAINFALL	L AND	I	UMIDITY, 193	1935-1936.			
						RAINFALL.				HUM	HUMIDITY.
Month.		Amount	Average for 29 years in inches, 1st	No. of	Average rainy days for 29 years,		Greatest Fall in one day.	Greatest Fa 29 years, to 30th	Greatest Fall in one day for 29 years, 1st July, 1906 to 30th June, 1935.	Mean	Average for 29 years,
		Inches.	July, 1906 to 30th June, 1935.	nainy Days.	1st July, 1906 to 30th June, 1935.	Amount, in Inches.	Date.	Inches.	Date.	Saturation 100.	1906 to 30th June, 1935.
1935. July	:	4.48	3.34	91	14.00	0.93	16th	2.67	26th, 1920	80.23	83.88
August	:	3.14	2.95	6	14.00	1.12	15th	1.90	8th, 1909	73.84	84.33
September	:	2.10	2.12	16	11.72	0.46	4th	1.45	17th, 1911	80.63	80.21
October	:	0.46	1.30	∞	8.55	0.14	29th	1.55	6th, 1931	72.23	74.24
November	:	0.92	1.09	9	7.10	0.28	2nd	2.35	13th, 1923	63.70	71.16
December	:	80.08	98.0	દર	5.69	90.0	4th	1.61	18th, 1920	59.71	68.30
January	:	2.33	0.49	2	3.69	1.50	2nd	06.0	21st, 1914	08.20	68.64
February	:	0.34	0.53	∞	4.17	0.10	26th	96.0	11th, 1932	29.02	72.82
March	÷	0.80	29.0	2	5.55	0.58	10th	1.08	27th, 1910	76.42	73.27
April	:	2.54	1.62	9	00.6	0.19	27th	1.61	5th, 1912	76.27	81.31
May	ŧ	2.20	2.70	11	12.00	92.0	29th	2.76	19th, 1911	81.97	81.97
June	:	2.15	3.65	12	13.59	1.07	26th	2.35	14th, 1909	83.37	83.37
Year	ar	19.54	21.32	108	90.601	1.50	2/1/1936	2.76	19/5/1911	73.93	96.92
			-								

	Range at four feet, 29 years, 1st July, 1906, to 30th June, 1935	53.0 to 62.9	55.0 to 62.0	57.0 to 65.5	56.8 to 73.8	60.8 to 76.2	63.8 to 81.4	66·1 to 82·5	68.0 to 81.4	67.9 to 80.2	62.2 to 76.1	61.0 to 74.0	59.1 to 67.4	53.0 to 82.5
	Range at four feet.	60·0 to 61·3	59.9 to 61.9	61.7 to 63.9	63.5 to 68.2	68·1 to 72·3	72.7 to 76.3	76.0 to 77.9	76.5 to 77.9	75.3 to 76.5	71.8 to 75.1	65.0 to 71.4	62.0 to 65.0	60.0 to 77.9
5-1936.	Range at two feet, 29 years, 1st July, 1906, to 30th June, 1935	54.0 to 61.3	53.8 to 61.7	55.0 to 65.7	58.0 to 72.5	60.5 to 79.7	60.5 to 80.5	66.8 to 81.2	68.9 to 82.9	65·2 to 79·6	63.0 to 76.3	58.0 to 74.6	56.0 to 66.0	53.8 to 82.9
URE, 193	Range at two feet. °F.	56.4 to 58.0	57.0 to 61.2	60.6 to 64.1	64.0 to 69.9	68.8 to 74.7	74·1 to 78·3	76.0 to 79.0	75.7 to 78.4	74.0 to 77.0	69.3 to 74.0	60.0 to 68.9	58.0 to 60.8	56.4 to 79.0
TEMPERATURE, 1935-1936.	Range at one foot, 29 years, 1st July, 1906, to 30th June, 1935	49.2 to 64.0	50.9 to 61.8	50.9 to 67.2	57.1 to 75.9	59.3 to 83.0	63.0 to 83.8	66.7 to 81.9	66.9 to 86.9	63.7 to 79.2	58.9 to 76.6	53.0 to 74.4	51.2 to 64.1	49.2 to 86.9
EARTH TE	Range at one foot.	53.0 to 58.0	54.0 to 60.5	58.7 to 64.1	62.9 to 69.5	67.0 to 75.9	72.7 to 79.8	73.9 to 79.2	72.5 to 79.2	70.3 to 77.0	66.0 to 71.8	54.9 to 64.4	53.3 to 59.0	53.0 to 79.8
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		:	:	:	:	:	:	•	:	:	:	:	:	·
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	Month.	1935.	:	:	:	;	:	1936.	:	:	:	:		Year
e N.		:	:	:	:	:	:	:	:	:	:	:	:	
Table N.		July	August	September	October	November	December	January	February	March	April	May	June	

Table O.			\ \	BRIGHT		SUNSHINE,	1935-1936	936.			
Month.		Total	Total Hours.		Most in one o	Most in one day and date.	Average for 1st July, 1st June, June	Average for 29 years. 1st July, 1906, to 30th June, 1935.	Most 1st	in one day daly, July, 1906,	Most in one day and date for 29 years. 1st July, 1906, to 30th June, 1935.
		Hours.	Minutes.	Hours.	Minutes.	Date.	Hours.	Minutes.	Hours.	Minutes.	Date.
1935. July	:	189	25	6	35	28th	183	39	10	05	24th, 1908
August	:	227	00	6	55	, 30th	202	30	10	35	29th, 1932
September	:	196	40	10	05	11th	214	36	111	30	15th, 1926
October	:	277	10	12	30	31st	271	31	13	00	13th, 1931
November	:	316	40	12	55	26th	291	36	13	25	28th, 1906
December	:	331	30	13	20	$20 \mathrm{th}$	327	. 41	13	45	5th, 1915
1936. January	:	321	45	13	00	9th	343	14	13	20	11th, 1907
February	:	286	10		25	6th and 7th	291	36	13	050	6th, 1932
March	:	271	10	11	25	1st	278	33	12	00	4th, 1908, and 1st, 1931
April	:	234	40	10	20	3rd	223	33	10	45	8th, 1916, 3rd and 10th 1926, and 24th, 1930
May	:	202	35	6	55	23rd	199	22	10	00	1st, 1908, and 1st, 1909
June	:	175	40	∞	20	$_{ m lst}$	164	00	6	30	5th, 1908
Year	•	3,030	25	13	20	20/12/1935	2,992	23	13	45	5th, 1915



CITY OF CAPETOWN.

ANNUAL REPORT OF MEDICAL OFFICER OF HEALTH.

PRELIMINARY (PROVISIONAL) RETURN FOR THE YEAR ENDED 30TH JUNE, 1937.

VITAL STATISTICS.

\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		936-1937	7		935-1936	
ga patityny dialah sayaga akantibor 1987 Garandiyinin digina andiyaya andiyasa sahasa saya akantibor ka da a a a disahadika dada a sakantibor didik a sakantib	Eur,	Non-E.	All Races	Eur.	Non-E.	All Races
Total population	153,659	146,671	300,330	150,634	142,546	293,180
Population exclud- ing Native Loca- tions	153,640	142,000	295,640	150,610	138,480	289,090
Births	2,608	6,875	9,484	2,769	6,782	9,551
Birth Rate (per 1,000 population	17.02	48,55	32.17	18.09	48,18	32,50
Total Deaths	1,483	2,769	4,253	1,635	3,352	4,987
Death Rate (per 1,000 population)	9,68	19,55	14.43	10.68	23.81	16.97
Deaths of infants under 1 year of age	123	749	873	125	988	1,113
Infant Mortality Rate (per 1,000 Births)	47.16	108.95	92.05	45 ,1 4	145,68	116.53
Tuberculosis Death Rate (per 1,000 population)	0,55	4.20	2.30	0.79	4.47	2.55
Enteric Fever Death Rate (per 1,000 population)	0.01	0.09	0.05	0.02	0.04	0.03
Maternal Mortality Rate (per 1,000 live births)	3,07	5,09	4.53	3,97	4,27	4.19

The populations (excluding native locations) shown in this table are estimated from the preliminary figures of the census of 4/5th May 1936, with the 1931 census figures in respect of Europeans and the 1926 census figures in respect of non-Europeans.

The figures for births, deaths and infectious disease and the corresponding rates, do not include events in the native locations of N'dabeni and Langa. The rates are calculated on the population of the Municipality exclusive of the native locations. The figures are corrected for outward transfers only.



Total Zeaths.

The second district of the second district of		436 <u>-19</u> 2	37	1	935-193	36
	Tile of the	Non-II	All	F17 79	Non-E	All
To the second se	Pat I	IN OIL mults	COMPRESIONAL CONTRACTOR OF STATE OF STA		TA OTT == TI	Maccs
Enterio fever	2	13	15	3	8	9
Typhus fever	- 1-	<u> </u>			2ml	-
Smallpox Measles	_	4	4	3	***	3
Scarlet fever ::	3	1	4	3	1	4
Whooping cough	3 2	23 1 2		10	178 17	1.58 27
Diphtheria ••• Influenza •••	12	17	29	36		68
Plague	_				dens.	
Poliomyelitis	2		2 3	2	4	-
Encephalitis lethargica Oerebrospinal fever	2 7	1 9	16	1	10	11
Tuberculosis, respiratory	See See See See See See See See See See					
system	71	512	583	103	1	646
Tuberculosis meningitis	10 5	46	56 40	12 8	52 34	64 42
Other tuberculous diseasés Leprosy		-	-		_	-
Syphilis	9	96	105	11	101	112
General paralysis of the in-	7	17	24	7	24	31
sane, tabes dorsalis	2	1	3	2	₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩	2
Other infectious and para-		-				
sitic diseases	25	26	51	34	1	69 325
Cancer, malignant disease Diabetes	197 43	1	1	214	l .	
Other general diseases	27	;		40		}
Cerebral haemorrhage. embo-					1	0.0
lism and thrombosis	16	6	22	14	12	26
Other diseases of the nervous system and sense organs	30	57	87	32	70	102
Heart disease	313	212	525	280	237	517
Aneurysm	6			12	1	17 317
Arterio-sclerosis Other circulatory diseases	164		· ·	192	1	10
Bronchitis	35	172	207	19	193	212
Pnoumonia (all forms)	56	317	373	94	453	547
Miners phthisis (silicosis) (without tuberculosis)	1	1	2	1	1	2
Miners phthisis (silicosis)	,		~		•	~
(with tuberculosis)		2		1		1
Other respiratory diseases	19 12		1	15 8	1	1
Peptie ulcer Diarrhoca otc. (under 2 years)	27		1	27	1	í
Appendicitis	6	6	12	4	1	
Cirrhosis of liver	16 13		21 22	11 10		1
Other diseases of liver, etc. Other digestive diseases	22			45		
Acute and chronic nephritis	84	1		84	•	
Other genito-urinary dis-	57.0	1 70	4.0	77	7.0	50
Puerperal sepsis	30	18		31 5		•
Other diseases of prognancy	-					
and puerporal state	7	28	35	6	17	23
Congenital malformations and	69	211	280	67	218	285
discases of early infancy Senility	32	3	i	26	19	45
Suicido	18	3	21	16	1	20
Other violence	49 25	1	•	56 41	į.	156
Other defined causes Causes ill-defined, or unknown	2	15	18*	- 5	14	19
Total	1,483		4,253*	1,665		
*Including the death of a	The same and the same and the same		Commence of the Commence of th			

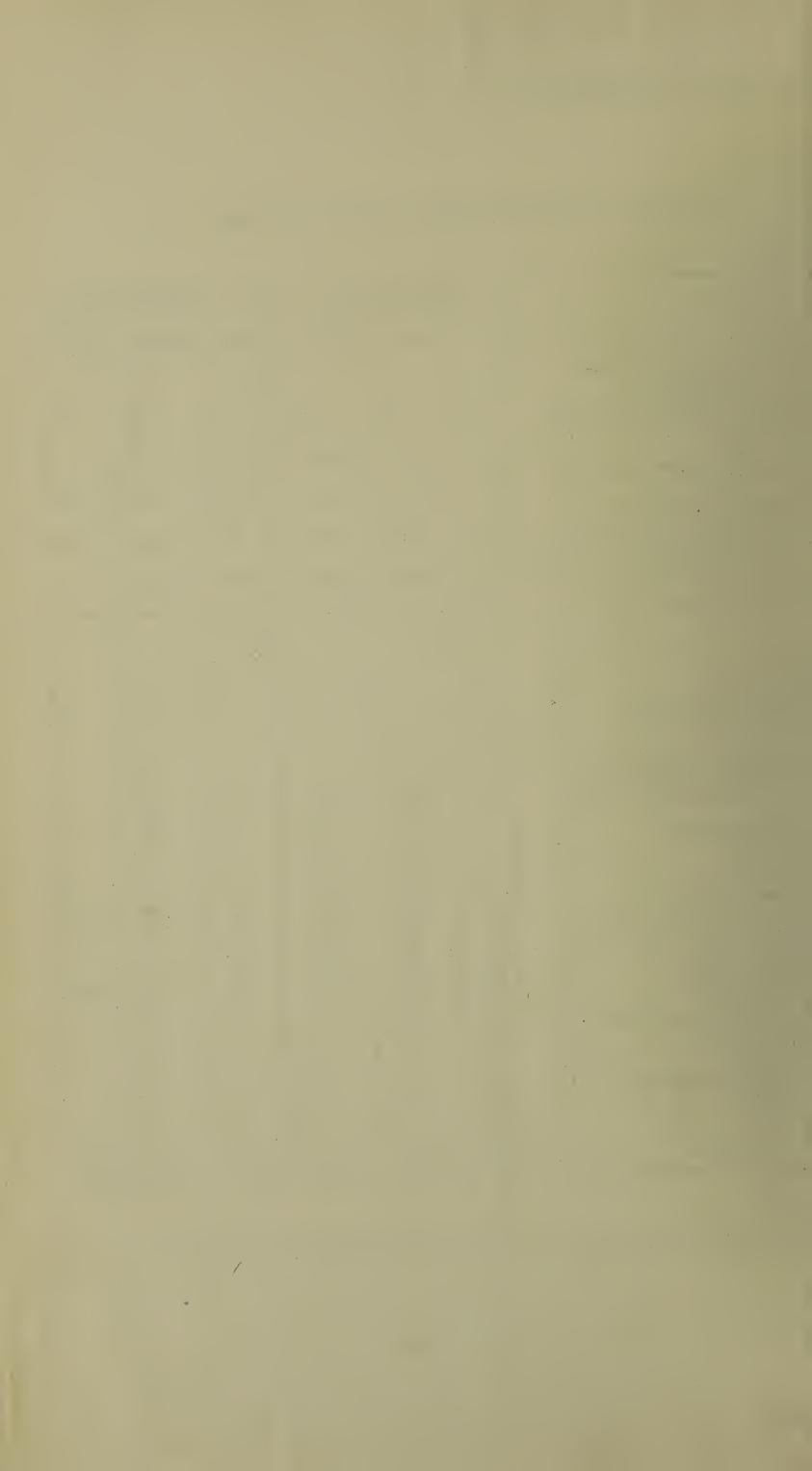
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VITAL STATISTICS (CONTINUED)

Deaths of Infants under one year of age.

		1936-193	57		1935-19	36
	Eur	Non-E	All Races	Eur	Non-E	All Races
I - Common infectious diseases II - Tuberculous diseases III - Diarrhoea and enteri- tis vis IV - Bronchitis and pneu- monia V - Developmental and wasting diseases VI - Miscellaneous diseas- es (remainder)	20 11 58 32	11 23 166 212 171 166	13 23 186 223 229 199*	5 3 20 16 56 26	80 21 259 252 191 185	85 24 279 268 247 211
Measles Whooping cough Diphtheria and croup Erysipelas Tuberculosis, meningeal Tuberculosis, abdominal Tuberculosis, other forms Syphilis Simple meningitis Convulsions Bronchitis Pneumonia (all forms) Diarrhoea and enteritis Congenital malformations Congenital malformations Congenital debility Premature birth Injury at birth Other diseases peculiar to early infancy Lack of care Suffocation (overlying) Other causes	1244411126503258 94-19	173191341366328118 1341366328118 1341334 14566328	1 9 3 1 9 1 3 5 2 5 2 1 6 6 4 2 4 4 4 7 4 * 7 4	- 41 - 2 - 11112408567 9 14	782 5158 1948 1689 188 188 254 79	23 - 71 169 26 182 27 164 25 21 125 21 25 27 164 25 27 27 165 28 27 27 28 27 28 27 28 27 28 27 28 27 28 28 28 28 28 28 28 28 28 28 28 28 28
Total	123	749	873*	1.26	988	1,114

^{*}Including the death of a newly-born child of unknown race.



VITAL STATISTICS (CONTINUED).

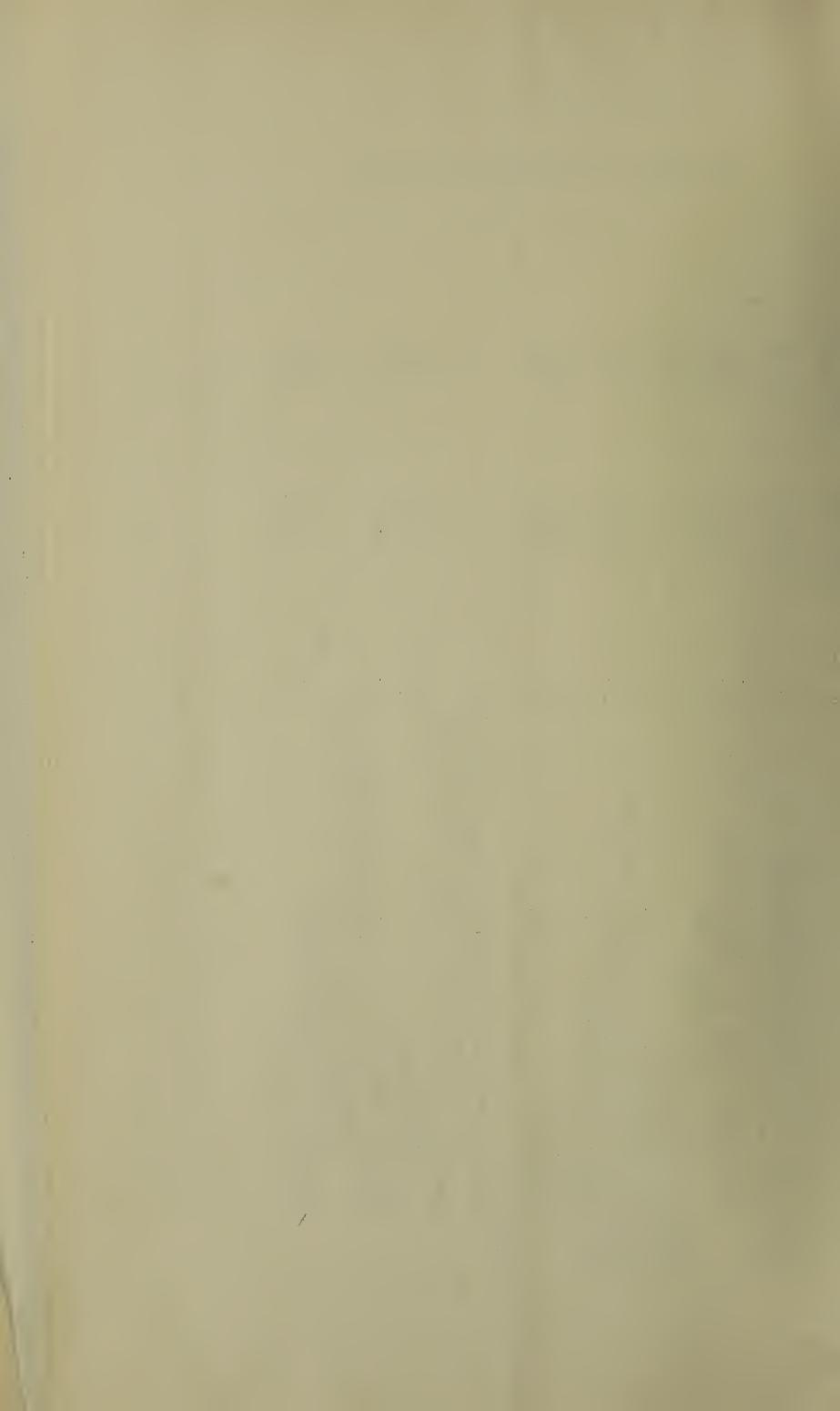
Infectious Diseases Notified. (Corrected to date for errors of diagnosis).

	. /			()		
	grow in South Company Continues and Continue	1936-19	and the second s	1935-1936		
	Eur	Non-E	All Races	Eur	Non-E	All Races
Tuberculosis, pulmonary	163	845	1,008	164	867	1,031
Other forms of tubercu- losis	19	138	157	21	151	172
Scarlet fever	458	32	490	596	34	630
Diphtheria	249	1 34	383	189	122	311
Enteric fever	44	109	153	30	43	73
Erysipelas	44	32	76	51	42	93
Puerperal fever	13	52	65	22	74	96
Ophthalmia neonatorum	36	207	243	33	195	228
Gonorrhoeal ophthalmia	6	1.3	19	6	32	38
Cerebrospinal fever	13	17	30	1	9	10
Acute poliomyelitis	6	2	8	1	3	4
Infective encephalitis	1	4	5	4	3	7
Influenzal pneumonia	29	46	75	56	64	120
Acute primary pneumonia	98	370	468	148	465	613
Trachoma	2	7	9	1	5	6
Leprosy	-	3	3	-	1	1
Lead poisoning	1		1	1	9-49	1
Typhus fever	2		2	2		2
Total	1,184	2,011	3,195	1,326	2,110	3,436

WORK DONE BY CITY HEALTH DEPARTMENT.

1955-1956

163,190 7 10,661	ら な な る の	0 0 4 F	2, 14 2, 7, 5 42, 8 4, 8, 8, 8, 8, 8, 8, 8, 8, 8, 8, 8, 8, 8,	7 176 5 153 4 463 0 1,762 7 214 7 2521
162,134	895467467467467677878899999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999999	01,00 01,00	3,64£ 4,030 619	157 115 594 1,660 195 527 527
otors	verbal notice written notice ss begun	disease		dical Officer of Health of the Slums Act 1934 pursuant to foregoing acquired by Council for pursuant to foregoing ations orein
Inspections made by Health Inspectors Inspections made by Rodent Inspectors	es serveu: Proceedings begun by Proceedings begun by Total proceeding	Total written notices served Promises disinfected Articles disinfected Articles destroyed for infectious	Anspections made by Rat-Catchers. Rats caught and destroyed: Brown rats Black rats Gerbilles	Slums Act: Premises reported by Medical Officer under Section 1(2) of the Slums Premises declared slums pursuant to reports Lettings therein Occupants thereof Premises in areas to be acquired by rebuilding schemes pursuent to reports and declarations Lettings (dwellings) therein Occupants thereof



1935-1936	1,651 467 152 224 77 1,176	10,195
1936-1937	1,572 102 102 160 289* 506 1,237	10,315
	Applications for lisences Dealers, general dealers, butchers, motor garages and mineral water dealers Tea rooms, cafes, restaurants and eating houses Laundries, mattress makers, and barbers er hairdressers Purveyors of milk (ther than cowkeepers) Cowkeepers: Premises within municipal area Premises outside municipal area Manufacturers and vendors of icecream Hawkers and pedlars Places of amusement	Births notified Visits made by Health Vis. tors (including tuberculosis, social Welfare and Alphtheria immunization)

* Including 132 applications for licences for 1936 and 157 for licences for 1937.

Maternity and Child Welfare Centres:

2,481	E All Races 5,423 59 2,529 11 7,952 12 2,985 59 4,550 51 1,939	12 103,357 11,312 19 10,075 16 2,663 36 2,121 18 458 10 115,504	42,342 lbs 51 2,017 13 2,987 00 4,146
	Non-E 4,262 1,939 6,201 2,542 2,869 1,331	76.01, 9,47, 6,14,01, 1,29,0,401	, 351 1,613 2,000
:	Hur 1,161 1,751 1,751 1,681	27,345 1,833 3,926 847 825 90	1,666 1,374 2,146
2,673	All Races 5,231 2,362 7,593 3,245 4,489 1,801	101,7%6 12,770 10,446 2,555 1,889 1,889 3555	40,848.1bs 1,605 5,498
:	Non-E Non-E 1,791 1,791 5,949 2,826 2,846 1,287	74,014 10,856 6,659 1,778 1,268 1,280	392 1,826 2,338
	Eur 1,073 .571 1,644 .419 1,643	27,782 1,914 3,787 775 681 . 73	1,213 .oc- 1,672 .h-
No. of medical sessions	New cases: Infant consultations Under 1 year Over 1 year Total Pre-natal clinics School clinics Dental clinics	Total attendances: Infant consultations Pre-natal clinics School clinics Dental clinic Test feeds Remedial exercises Dinners for mothers and children Wilk meals	Dried milk issued Persons Schick tested Persons subjected to pretective inoc ulation against diphtheria Protective inoculation against diphtheria (No. of injections)

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All Races 1,486 4,166	249 1,077 7,518 610.9.1d	1,057 3,598 54,086 35,556	278 556 95 7 65 277 413 413	1,560 303 102,570
Non-E 1,100 3,071	787 5,208	2,721 19,851 11,878	177 127 65 55 280 280 53 156 946	796 150 54,335
Eur 386 1,095	2,310	877 14,235 21,678	261 199 30 30 15 97 96 208 917	764 153 48,235
All Races 1,918 4,191	250 973 6,952 665.3.1d	1,152 5,582 39,867 42,608	215 410 153 28 67 475 296 214	1,595 293 98,126
Non-E 1,534 8,354	713 4,731	2,434 22,716 14,566	14 150 100 19 46 256 174 90	827 148 52,382
Eur 584 857	260	948 17,151 28,242	Portswood Rd: 201 260 55 9 21 119 122 122 915	768 · 145 45,744
Cleansing Station: New cases Total attendances	Tuberculosis Clinics: No. of medical sessions New cases Total attendances Expenditure on bread and milk	Venereal Diseases Clinics: No. of medical sessions New cases Total attendances at medical sessions Attendances for intermediate treatment	City Hospital for Infectious Diseases, Port New cases admitted: Scarlet fever Diphtheria Enteric fever Cerebrospinal fever Puerperal fever Tuberculosis, pulmonary Tubercal diseases Other diseases Total	New cases from City of Capetown New cases from outside Municipal area . Patient-day units

1935-1936

Eur Non-E All Races	15 18 18 18 18 19 293	57 70 127 8,911 6,856 15,767	1,554 13,766 1,645 1,645	2,200	£1,054,9,3d 7,923 £105.1.4d
Non-E All Races	51 - 4 - 5 51 50 50 1,885 2,170	52 141 5,503 16,641	1,121 15,807 1,207 1,207 745	T,464 1,996	63,697 £1,545.6.1d 9,896 £119.10.6d
Isolation Hospital, Rentzkie's Farm:	New cases admitted: Enteric fever Diphtheria Diphtheria carriers Total New cases from City of Capetown New cases from outside Municipal area Patient-day units Patient-day units	Capetown cases at Nelspoort Sanatorium for Tuberculo New cases admitted Patient-day units 11,158	Native Hospitals at Langa and N'dabeni: New in-patients New out-patients Total attendances of out-patients Attendances on patients in their own homes: By doctors By nurse Confinements attended in women's own homes Visits by midwife in connection with confinements	Medical Relief: New cases attended No. of visits by Medical Assistant	Public Washhouses: Total attendances at Washhouses Fees collected at Washing Baths, Hout Street Fees collected at Washing Baths, Hout Street

